

PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, August 26, 2015 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

Present: Chair Evans, Supervisor Hoyer, Supervisor La Violette, Supervisor Haefs
Excused: Supervisor Robinson
Also Present: Supervisors Schadewald, Zima, Erickson and Van Dyck, Erik Pritzl, Chua Xiong, Nancy Fennema, Captain Muraski, Officer Gerarden, Luke Schubert, Marty Adams, Devon Christensen, Chad Weininger; Rob Gollman, Patty Smeester; other interested parties.

I. Call Meeting to Order.

The meeting was called to order by Chairman Patrick Evans at 5:34 p.m.

II. Approve/Modify Agenda.

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to amend the agenda to take Items 4 & 6 together. Vote taken. MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of June 24, 2015.

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Comments from the Public

- Captain Jeremy Muraski, Green Bay Police Department, 307 South Adams Street, Green Bay, WI. Muraski stated that he oversees the Crisis Intervention Team (CIT) at the Green Bay Police Department. The team receives advanced training on mental illness topics in an effort to a better job of serving consumers that police come in contact with who have mental illness. Officers try to identify stakeholders, caregivers and resources to help people get connected with. Muraski continued that the way the system is currently set up, a lot of people end up in jail when they have mental health concerns and he feels that mental illness should not be something that is stigmatized and criminalized. It is a medical condition that needs to be treated for the benefit of the person suffering and the benefit of society. Muraski feels the system in Brown County currently has a lot of cracks, but noted that there are a lot of people working very hard on these issues. He is here to appeal for some additional services to be provided and some of the existing services to be reformed. Muraski noted that there are a number of concerns, many of which come down to budget and funding and the fiscal capacity of the system as well as services that used to exist in the county that are no longer available such as the alcohol detoxification facility and ongoing alcohol counseling. From a law enforcement perspective, Muraski feels that the system as is is not adequate and there is a need for additional funding, resources and reforms.

Muraski continued by providing some statistics regarding mental illness. He indicated that based on national standards and internal estimates, 1 in 4 people are diagnosed with a mental illness. That means that at any given time there are 4,000 people in the city with a severe mental illness and 10,000 in the county. He stated that the Police Department is only equipped to deal with a fraction of that percent. Muraski continued that one of the things he can speak very positively about is the Mental Health Court that Judge Zuidmulder established. He stated that the program is very effective and there are people that the Police Department was having 50 – 70 contacts a year with who have now gone the better part of a year with no contacts. These people are healthy and well and functioning members of the community with full-time employment and are paying their fines and doing more community service than is being asked of them

because they feel so driven to give back because they feel so much better. Muraski felt the Mental Health Court should definitely be continued as it has made a marked difference in a number of people's lives.

Muraski continued that the other part of the system where people fall through the cracks is when they are released from an emergency medical hold and there is no ongoing follow-up in the community. Nobody is checking up on these individuals on a regular basis to be sure they are taking medications and going to appointments and staying connected with family and friends and priests and counselors and all the people that can help them and keep them on a good and healthy path. The Police Department sees a lot of these people come back through the system because there is no follow-up which is a potential for tragedy. Muraski stated that no law enforcement officer wants to take a life, but the reality is that more often than not, when there is a police involved use of force event where someone ends up dying, it is because there is a person involved who has a serious, untreated mental illness.

Muraski concluded by stating that he would be happy to answer any questions and help out any way that he can. He urged the Committee to do more to expand the mental health services in Brown County.

Evans asked Muraski for specifics of services and reforms he would like to see. Muraski responded that he would like to see enhanced mental health treatment options available in the Brown County Jail. He noted that at any given time, one-third of the jail population has mental health issues. He is aware that the jail is looking into getting additional nursing care in the budget as well as expanding mental health services. Right now the jail has a 32 hour per week employee providing mental health services, but with a 24/7 operation with a large number of people who need services Muraski did not feel that was adequate. Muraski continued that the Police Department and Sheriff's Department do not go out of their way to arrest people with mental health issues. They want to divert these people to the mental health system where they can get the treatment they need and be better serviced, but he noted that there are people who will still be arrested for committing crimes, but maybe would not be committing crimes if they did not have untreated mental illnesses. He noted that the jail is actually treating more people with mental illness than the Community Treatment Center is on any given day. Evans asked if all officers go through CIT training and Muraski indicated that it is not mandatory training at this time, but it was his understanding that academies throughout the state are going to be providing more mental health training. At this time the GBPD has officers go through the training voluntarily and to date 37 of the 192 officers have been trained. Muraski continued that he also felt ongoing follow-up care should be improved to monitor people when they are released from emergency care. He felt there needs to be some type of system to detect those that are starting to slip and get them treated.

At this point Supervisor Erickson raised a point of order and stated that this issue is similar to several of the communications on the agenda. Supervisor Zima added that he appreciated the comments that have been made thus far and perhaps the floor should be opened for comments. Evans thanked the supervisors for their input and indicated that he would allow Muraski to finish.

Evans asked Muraski to estimate how many people with mental illness the GBPD officers come in contact with on a regular basis. Muraski estimated between 21,000 – 25,000 calls per year out of approximately 78,000 – 79,000 calls per year involve mental health issues.

Supervisor La Violette thanked Muraski for his comments and stated that he has added a lot of credibility to information that has been provided in the past. She noted that more and more people in the community are becoming aware of these problems and are upset and want to see action taken by the county on these serious issues.

Supervisor Hoyer encouraged Muraski to stay for the conversations that would follow on these issues during the communications.

-Megan Schwobe, 240 Kamp Street, Combined Locks, WI. Schwobe informed that she is a mental health case manager in Brown County and also sits on the Board of Directors for NAMI. She stated that she has similar concerns as Captain Muraski regarding appropriate services for clients. She noted that there have been many times when there are crises with clients and they cannot get them into the hospital. Schwobe continued that when someone is severely mentally and not taking their meds, they may not realize they are sick. Case managers have to assess these individuals and make referrals or recommendations, but when recommendations and referrals are not met, they are stuck. Schwobe stated that another issue they are having problems with is three party petitions and this has been a longstanding issue which is frustrating. She does not understand how a doctor and a family member and another person familiar with someone can say that someone is a danger to themselves or others, but someone else who knows nothing about the client can make a determination as to going to court and getting involuntary treatment. Schwobe continued that the mental health commitments with med orders are being dropped consistently which is frustrating because clients then stop taking their meds and get very ill, but not know it which causes problems in the community and many times result in them being sent to jail. As an advocate for her clients and the community, Schwobe felt that more support was needed. She noted that there are a lot of great mental health professionals and other people in the community who can do something, but she felt that support from the higher up people is also needed to be sure that appropriate treatment is available for those who need it.

-Officer Barb Gerarden, Green Bay Police Department, 307 South Adams Street, Green Bay, WI. Gerarden indicated that she is the CIT coordinator for Green Bay. She talked about the three party petitions that Schwobe spoke of earlier and she is frustrated that this tool is not being utilized in Brown County. She explained that a three party petition is when three people advocate for someone that lacks insight into their illness and are deteriorating and committing dangerous acts but may not meet the criteria for emergency detention because it is not imminent dangerousness, however the acts are repeated, such as eating strange things, walking into traffic or other things that are done as a result of mental illness. The petition is completed by three people familiar with the situation who petition to have the Court to get someone committed because they need help. She continued that petitions have been filed but not recorded and she noted that family members call begging for help for their loved ones and they tell them they can try to file a three party petition, but odds are it will not get filed in Brown County. Gerarden noted that Outagamie County has had at least eight three party petitions filed this year and Brown County has not had any. La Violette asked who is stopping the filing of these petitions and Gerarden responded that Corporation Counsel does not do the filings because they are understaffed and she noted that there is only one person in Corporation Counsel dedicated to mental health issues, but this is not even full-time. Gerarden is advocating for the use of the three party petition process because it should be done by law and people want to use it. This tool is proactive and typically eventually these people will turn into an EM1 emergency detention and they cannot continue to wait for that to happen.

-Jane Jordan, 2425 Deckner Avenue, Green Bay, WI. Jordan informed that she is the program supervisor for the Lutheran Social Services Wellspring program which is a daytime drop in center that has been a part of the community since 1998. So far this year Wellspring has served 257 women which is a 37% increase over last year. Jordan indicated that the majority of those who come to Wellspring have a mental health challenge. She stated that she sees a huge need for help for these people every day. She agreed with Captain Muraski that people with mental illness need follow-up care when they are released from jail. Wellspring works to provide some of this care with 1 ½ staff people. They look for proactive solutions for those that do not want to be there and she knows that women come in in the middle of the night very scared and they know their mental health is not well. They call Crisis Center and say they are not suicidal and that they can make it through the night but then end up at Wellspring. Jordan continued that they also have women who will not call Crisis Center because they do not get help and they need somewhere to go. She thought that the Crisis Center may look at having more peer specialists or other staff on board to help work on some of these things. Jordan also felt a peer respite facility staffed with certified peer specialists similar to Iris House in Appleton may be a cost-effective option. Jordan stated that the concept of talking about follow-up and stabilization is something she sees all of the time. She does what she is able to do, but

there are continual ongoing needs in the community. She also noted that many times mental health goes along with alcohol which brings many more challenges, including not having a detox facility. Jordan continued that there are programs like Wellspring willing to help and be a part of less expensive follow-up such as using certified peer specialists in recovery who have had training in both mental health and AODA.

La Violette asked what the Iris House is. Jordan responded that NAMI in Appleton has opened a peer specialist operated home that people can go into from a day to a week to spend the night because it feels safe and then talk to someone and still go to their normal day activities. People go there voluntarily and Jordan feels it is a very helpful program.

-Marty Adams, 1848 Mill Road, Greenleaf, WI. Adams indicated that he is a sanitarian at the Health Department and he addressed the County Board at their last meeting regarding insurance issues. He stated that he is addressing the Committee tonight to advocate for the employees to receive a pay increase, to change some of the benefits that are being proposed, not only the insurance but training and other things. He continued that last year the VEBA contribution for a family high deductible plan was \$2,100. He noted that for an employee who makes \$50,000 and gets a 1% pay increase, the total salary increase would be gone. In addition to the salary reimbursement being gone, they are looking at taking away the VEBA reimbursement which means that if the proposed \$1,600 is not spent, instead of it being carried forward and going towards purchasing insurance when you retire, it would be gone.

Supervisor Haefs arrived at 5:55 pm.

For example, last year Adams did not spend a penny on healthcare for himself. His point is they are looking at cutting benefits to the employees again and looking at balancing the budget on the backs of the employees. He recalled that he came to the Committee and County Board last year to talk about mileage and losing employees because the pay and benefits were not competitive. He noted that in that time the Health Department has lost three sanitarians. He also noted that there are not people going into the business and in the near future there will be a shortage. He noted that Brown County has seven sanitarians while other counties only have one. Continued cuts in training, benefits and mileage as well as higher deductibles and higher co-insurance will result in a day when some of the major businesses that are major attractions will not have people to educate people on all the issues that Brown County does. Adams continued that he has had inspections where he goes out with three other new people that are being paid roughly \$30 an hour. Instead of having four people doing four facilities, there are four people doing one facility. There is a lot of training that is needed and he felt it was important to maintain the staff that is here and that should be done with better pay, better benefits and better incentives to keep them here. Adams continued that he has personally gone backwards the last five years and the only reason he has stuck with Brown County is because he lives here and is very near retirement. The three new employees do not own homes and all of them are more than willing and able to pack up and leave. If that happens, there will be nobody and Adams noted that they do not get qualified applicants when jobs are posted. He stated that it is ultimately up to the Board and he stated that there are fees that could generate more revenue for training and salaries. He opined that what has been done in the last four years is not working.

Report from Human Services Chair, Patrick Evans. No report was given.

1. **Review Minutes of:**

- a. **Aging & Disability Resource Center of Brown County (May 28, 2015).**
- b. **Aging & Disability Resource Center Executive/Finance Committee (April 16, 2015).**
- c. **Board of Health (May 12, 2015).**
- d. **Community Options Program Planning Committee (July 20, 2015).**
- e. **Human Services Board (June 11, July 9 & August 13, 2015).**
- f. **Veterans' Recognition Subcommittee (June 16 & July 21, 2015).**

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to suspend the rules and take Items 1 a-f together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to receive and place on file Items 1 a-f. Vote taken. MOTION CARRIED UNANIMOUSLY

Communications

2. **Communication from Supervisor Robinson re: That the new County Human Services Director and the Human Services Department staff put together a report to be presented at the August Human Services Committee, with monthly updates to the Committee that examines: CTC/In –patient Mental Health & AODA County Services; community Mental Health and AODA County Services; Mental Health and AODA services offered by the community in general with which the County has a partnership. *Standing item.***

Human Services Director Erik Pritzl provided a Power Point presentation, a copy of which is attached, entitled "Preliminary Mental Health Report to the Human Services Committee". Pritzl felt that some of the highlights of the report fit in quite nicely with some of the comments that have been made so far as well as the communications that will come later. He felt that this was very timely information and he thanked Supervisor Robinson for asking for it. Pritzl reviewed the Power Point with the Committee.

La Violette thanked Pritzl for putting this report together as she felt it was a real good start. She indicated that the problems and issues related to this report are gargantuan and she asked Pritzl who worked with him on this outside of the Human Services Department. Pritzl responded that this was an interim look at county-provided services and he also met with specific members of different community groups that are involved. La Violette would like to see a good community group put together that could meet monthly and make sure that all of the issues are in front of everyone and that progress is being made in dealing with them. Pritzl agreed that a collaborative approach is necessary and he has found that there are a number of community groups interested and involved as well as several task forces and it boils down to who is going to move this forward in a way that addresses the treatment needs as well as the continuum approach.

Pritzl noted that it was also important to note that part of the focus of public health in the next several years is looking at mental health services and trying to create more of an understanding as to what is available. He stated that some of his staff is also involved in public health. La Violette agreed that people do not know where to go for services and thought that perhaps someone in the library system could be trained to help people determine where to go for services.

Supervisor Schadewald stated that he understands the numbers, averages and statistics, but he would also like to see the numbers of what the service capacity is with what is provided. Pritzl stated that currently the Human Services Department is serving over 3,000 consumers. He noted that there is a lot of internal work that needs to be done to determine how to monitor and improve and make sure that there are enough units of service available. Pritzl felt this was a matter of productivity and making sure that there are people that can provide the level of service that is expected.

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to open the floor to allow interested parties to speak. *Motion withdrawn.*

Zima noted that there are several communications all related and he felt that the Supervisors should present what they have to say before the floor is opened.

Items 3, 4 and 6 were all taken together at this time; the discussion for these items is shown following Item 4.

3. **Communication from Supervisor Zima re: That the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population. Referred from July County Board.**
4. **Communication from Supervisor Zima re: I am requesting that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment. Referred from July County Board.**

Supervisor Zima provided the Committee with a handout, a copy of which is attached. He stated that he appreciated Pritzl's report, but felt it was pathetically inadequate. The report points the County in the right direction, but with no real hold on what needs to be done. Evans responded that Pritzl provided a report that included every single thing he was asked for and Evans felt it was a very good report and this is a first step going forward and he also noted that Pritzl has only been with the County for a couple of months. Zima understood what Evans was saying, but felt that the real meat of the problem needs to be addressed.

Zima continued that over his 40 years on the County Board he has spent over a decade on the Mental Health Center Board and has also served many terms on the Human Services Committee as well as the Public Safety Committee. He felt that the County has a duty to return Brown County to a status that it used to have of being a safety net for people with mental health issues that have no other place to go. Zima felt that the services have been inadequate since about 2002.

Zima continued that there was a time when Brown County had a multi-functional institution with services for both children and adults. There was a move to be institutionalized which a lot of people supported and was appropriate in some places and the institution was a very positive thing that gave people a better quality of life. He noted that many people were taken out of the system that are not really well placed in the community at all. When you take people out of the institutions where they had treatment, they end up in the jail. Zima stated that having to build additional jail pods would cost far more than building a mental health facility. From sitting on the Public Safety Committee, Zima has learned that about 35% of the people in the jail have a mental health issue and have committed some sort of crime but typically not serious crimes. Zima stated that the jail is doing their best, but their best is only a band-aid.

Zima continued that there is a great need for services, but on the other hand there is a costly system in place to take care of the people who need the services but are not receiving the services. The jail is not the proper place for them to get services, but they are serving out sentences. Zima noted that there is an empty wing at the Mental Health Center and he felt that it needs to be added to and we have to try to get back to the services that were in place 15 years ago that no longer exist. It used to be that the police would take mentally ill people to the Mental Health Center but now the police ride around scratching their heads while trying to figure out where to bring the people. The people are charged with some misconduct and are put in jail with no real help. Zima thinks this is a joke and the services are pathetically and dangerously inadequate and have been largely ignored. He continued that we cannot ignore this anymore. In looking at the long range capital improvement plan, two new jail pods are there, hanging over us. The jail is at 95% capacity and there are a number of things being done such as drug courts and electronic monitoring to try to keep the jail

population under control and while these things are working, Zima felt the jail was at the level of being absolutely full. He noted that the two pods being talked about which would provide about 180 beds would cost about \$30 million dollars just to build it, not to staff it. He did not think this is the way the mentally ill should be handled. Zima felt that the quality of life in the jail is not conducive to making people better and healing the mentally ill. He also noted that the police themselves say that they are doing their best but are not trained in this. Zima felt we need to act now and put a mental health facility in place and staff it. He stated that the formula is simple and he does not want to get lost in comparisons with other counties and similar things and he noted that every county has the same problems as Brown County does and more emphasis needs to be put on treatment. This is the human side of things where people should be able to get healthy. By building a mental health facility, the people in the jail who do not belong there can slowly be weeded out of the jail and the two pods that they are talking about building can be pushed down the line. Zima noted that the population is changing and pressure is on the jail. It comes down to what the taxpayers want to pay for. Do they want to build a really nice facility at the Mental Health Center for a few million dollars or spend \$30 million dollars on a jail pod and then staff it with officers that really are not trained to take care of the mentally ill. Zima felt the victims are bleeding to death and all that is being done is putting band-aids on.

Zima referenced the "current considerations" portion of his handout. He felt that everything that can be done has been done to hold the jail population down and there is not much more that can be done other than look at the real problem which is treating the people that do not need to be in the jail. At the very least, the cost to treat these people would be even or close to even from a personnel standpoint. However, the construction costs are not even comparable. He does not think we can sit here and look at reports any longer. He feels it is time that the County becomes the safety net they once were as it would be more adequate than what we have now.

Zima wants to get serious and have steps taken now. He felt there has to be a change in attitude and the County has to get serious about what the needs of the community are and then fund them in the most economical way possible. Expanding the jail is the most costly way to handle the problem. Zima felt that spending a few million dollars on the Mental Health Center seems to be a better option to tend to the needs of the people. He does not want to muddle in reports anymore; he wants to get real about this problem now and get it taken care of so the needs of the people can be met. Zima felt there needs to be short-term and long-term mental health programming as well as a place that the police can take people that need help that do not belong in jail.

La Violette stated that she agreed with almost everything Zima said. She said it was crazy to close mental health facilities years ago because there are so many people on the street floundering. She recalled that the closure of facilities was due to a law that said people need to be put in the least restrictive environment. La Violette asked Zima if he was asking for a proposal that uses the unused space at the Mental Health Center. Zima responded that there would probably need to be some additional space added. He would like to see a needs assessment and then build what is needed to meet the needs. Zima continued that the County needs to look at what the tradeoffs are. He does not want more wringing of the hands; he wants to look at the reality and then deal with it.

Zima would like this Committee to come back sooner rather than later and have a study group formed consisting of the Human Services Director, the County Sheriff, Judge John Zakowski, the County Administration Director (to represent the County Executive), a community psychiatrist, the Human Services Committee Chair or designee from the Committee plus any other members of the community the Human Services Committee would deem helpful. Zima also said that as author of this communication as well as a senior member of the Board with prior experience on the Mental Health Board, Human Services Committee and Public Safety Committee he is volunteering to serve on the study group as well. Zima felt that a timeline should be established to figure out what needs to be accomplished and how it can be done as soon as possible, using the existing facility to the best

of our ability and get that in this year's budget and get the shovels in the ground by next spring for an addition to get the people who don't belong in the jail out of the jail.

Zima also brought up the lack of detox facilities for alcohol and other drugs. Zima felt it was time to take the bull by the horns and at the very minimum get back to where we were in 2002 but he felt we also need to expand on that to meet the growing needs of the population.

Supervisor Erickson addressed his communication at this time. He thanked the Committee for listening to the recommendations being made. Erickson noted that it was reported earlier that 45% of people with varying degrees of mental health issues cannot afford the care. He noted that he has been dealing with several constituents that have adult children that do not have insurance that seem to slip through the cracks. These people have not become criminals yet, but Erickson has talked with the Sheriff recently and was made aware that there has been an increase of crimes such as garage thefts, minor break-ins and things of that nature because these people need a daily fix. He agreed with Zima in that these people should not have to be put in jail where they do not belong in order for them to get treatment. Erickson continued that many of these people are asking for treatment but they are not able to get it in Brown County, yet they do not have resources to go to private facilities. He felt that the County needs to provide some assistance to these people.

Erickson continued that he has been on the Board for 12 years and in all of those years there was only one small, insignificant increase on the levy. He felt that every two years the Supervisors run and say that they want to provide public safety and public health to the constituents, but then when it is time to do something, nothing is done. He felt that this is the year the Board should start to do something about this and noted that there are enough Board members that are concerned. Erickson suggested that the study group Zima recommended should be formed. His other suggestion is that money be funneled over to the mental issue instead of other social programs. He knows that the social programs are helpful, but he felt that the mental health services are in great need. He felt it was time to bite the bullet to get something started and then go from there.

Evans stated that he appreciated Zima and Erickson bringing these issues to the forefront as well as Pritzl's report. Evans felt that we have talked about mental health as well as AODA issues for a while. He did not think that putting someone who has a mental illness in with someone who is a heroin addict would mesh too well. Zima clarified that the detox issues are separate from the mental health issues. Evans asked Zima if what he wants is a detox unit. Zima stated that a detox unit would be one element, but he is talking about comprehensive mental health care for the safety net of the people who do not have access to resources. Evans stated that the County currently does have a psych hospital, the CTC, and Pritzl noted that Brown County is one of the few counties that have a county operated facility. The facility has 16 beds and Pritzl said the answer may or may not be hospital beds. Zima felt it was important to have a place for people to start and for the police to have a place to bring people when they need it. Evans stated that he is trying to drill this down and noted that he supports Zima's idea, but the problem is that the federal government has put in laws about civil rights violations and this is where officers have to be careful. Evans stated he did not have a problem forming the study group, but he wanted to know specifically what was needed. Zima said he wants a study group to identify the needs and bring something forward at budget time to get started and then look for long range plans to build a facility to meet the needs. Zima added that the whole community is raging about these issues.

Evans continued that there are a number of co-occurring problems with mental health and drug issues. Erickson stated that there are people that slip between the cracks that are not criminals. Evans responded that he agrees with Erickson and Zima and reiterated that he understands. He noted that there is also a Criminal Justice Coordinating Board which may be of help in this issue. The Criminal Justice Coordinating Board consists of Evans, Supervisor Buckley, the Human Services Director, Judge Walsh, Judge Zuidmulder, the District Attorney and other stakeholders. Evans said

this issue could be sent to the Criminal Justice Coordinating Board but Zima stated that what he wanted was a new committee formed to address these needs.

Supervisor Haefs thanked everyone for the input. He indicated he felt Zima's recommendation was a good one and he supports it with one caveat. He stated that he has sat here for the last several years at budget time and he hears the department heads say that they have met the target goal which is money and everything is fine. He has complained about this for years. He does not want some feel good committee formed. Haefs continued that we are not here just to meet target goals, but to meet the needs of the people of our community. He is hopeful that when this committee is formed the Board is dead serious about it and if the Executive says his political target goal was not met, then we have to do something to override the Executive. Haefs stated that he was serious about this and he has asked for the department heads to bring the three biggest challenges they face and now we are starting to get real with this. He felt that it is time to get down and dirty and we need to convince the rest of the Board and the Executive that if taxes or the levy need to be raised to provide what is needed, then that is what needs to be done. He stated that he has been here since 1972 and when he raises taxes for something good, he gets re-elected. Haefs hoped the committee presents all options and he is willing to do what has to be done to serve the needs of the people.

Schadewald stated that he appreciated the idea of a study group or a committee, but his prior experience is that we need the people on the front lines to tell the Board what they need. He would encourage the study group to bring in the Sheriff and the Green Bay Police, human services providers and other mental health specialists. He is afraid that the politicians sometimes oversimplify and/or generalize when they hear things, where the nitty gritty would be most helpful to say what is needed and provide suggestions. He has learned that it is a constantly moving target and too often there are ideas and then years later people bring it up, but it was not the current thing. He felt that government needs to be more focused on a long-term nitty gritty specific type of thing. If it's heroin this year, it might change to something else next year. The second thing Schadewald wanted to say is that these mental health and AODA issues really affect kids in school and we have to start figuring out that part of the long-term solution is to bring some of the prevention practices into the education system.

La Violette stated that she would also like to see one or two active community volunteers on the study group as those people are working in the trenches and know what is going on and could provide invaluable information.

Supervisor Van Dyck also felt it was important to have the people who know what we need involved in a study group. A prime example is talking about additional beds at the CTC, but the beds that are already there are underutilized, so just adding beds may not be the answer. He felt it was important to figure out why what we have is not being utilized before we decide to add more resources that will not be used.

Evans noted that the study group can be formed, and he supports it, but he felt it should be determined if we are talking about detox, additional beds, heroin, other drugs, co-occurring disorders. Schadewald stated that he agrees with Evans and felt that what we were hearing is that we have people out in the community who can say what the needs are and we can start working on those issues now. He does not necessarily want to wait on a committee; people should start providing their suggestions now and Schadewald noted that he would like to hear from anyone who can give input on this.

Haefs stated that this is something he is dead serious about and he would like to get the group formed and sent on to the County Board. The Human Services Director can come to the next County Board meeting and come to the podium and let the Board know what he thinks is going to work and

then the Board can have a discussion and hash it out. Haefs said that what is important is that they brought this forward to be discussed, not that the right people be named tonight. He would like this group formed tonight and then shaped up after discussions with the full Board.

Schadewald stated that there are certain windows of opportunity that occur in everyone's lives. What he has been hearing over the last several months from the County Board, from the comments, from the community is that there are things we need. He agreed with Haefs in that we need to come to some conclusions as to exactly what is needed and then costs need to be put to the needs and then put into the budget. He felt it was important for the Committee and the Board to provide to Brown County so we can make government work. He noted that he has no problem taking action this budget to improve the situation.

Pritzl noted that there are a lot of committees already operating such as the Mental Health Task Force and the Basic Needs Group. He indicated that we need to find a way to coordinate and advance the specific objectives. Schadewald said it seemed to be agreed that a detox center is needed and Pritzl responded that a detox center is one of his unfunded initiative that he is going to talk about later in the meeting.

Schadewald stated that sometimes when looking at the big picture, we look at trying to do too much when one or two smaller things could get the ball rolling. He felt there were probably enough suggestions from the people attending the meeting to get things going. Schadewald agreed with Haefs in that if these issues are brought to the Board there would be support.

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to suspend the rules to allow interested parties to speak. Vote taken. MOTION CARRIED UNANIMOUSLY

-Cheryl Weber, 786 Hunters Run, Hobart. WI. Weber was at the meeting on behalf of the Joshua group. She stated that a lot of the things discussed so far are things that Joshua has been trying to bring to the attention of the Supervisors and she felt it was a great suggestion to begin addressing these things. She opined that there is more need than the Supervisors know or see from the grass roots and she thought it was a great idea for the Supervisors to get someone from NAMI or the Mental Health Task Force or some with mental illness to share their concerns. She continued that Joshua is trying to figure out all of these problems and come up with solutions. Weber also highly recommended that the Supervisors attend the Mental Health Task Force meetings as there is so much information presented and there are a lot of gaps being seen through all of the services. She encouraged the Committee and the Supervisors to talk to each other, and the City and all of the other places. She noted that it is hard work and Joshua is trying to bring it to the Supervisors. Weber also suggested that someone from her committee be invited to be on the study group that will be formed. She is excited that the Supervisors and Board are looking at these issues and getting serious about the needs and felt that the problems are getting worse in the community. Weber also indicated that there is a lack of child psychologists and lack of help in the schools. She noted that the community needs to come together and express the needs.

-Mary Kelly, (no address given). Kelly stated that she has a number of connections to mental illness. She has family members with mental illness, she was the executive director at St. John's Homeless Shelter where over 60% of individuals have mental illness, she is a previous NAMI board member and is a current instructor for family members of individuals with mental illness as well as being on the Joshua Task Force. Kelly stated that in the past the CTC has had a lot of waiting time. There are not enough psychiatric services for individuals needing them and asking for them. She continued that there is a question as to how effective the services and treatment are and what the statistics and follow-ups are. Kelly said that almost everyone, Joshua included, suggests treatment in place of incarceration and this is a big issue and will continue to be. This is a national issue, not just a local issue. She stated that people are being incarcerated for minor infractions, often minor non-violent

behavioral disturbances so the jail is being filled with people that would be better served elsewhere. Kelly continued that the Crisis Center reports that the background and age range of suicides are varying and many people who commit suicide have never called anyone for help, in part because they probably do not know who to call and this needs to be fixed. It is often stated that jails and prisons in the US are being used as substitute mental health facilities. A bill has recently been introduced to reduce incarceration of people with mental illness and to prevent unnecessary incarceration of people with mental illness and enhanced treatment and services for individuals while they are in correctional facilities and following release. It is estimated that 2 million people with serious mental illness are admitted to local jails each year and most of these individuals are not violent criminals but have committed low level offenses directly related to lack of mental health services and support. With appropriate services including assertive community treatment, supportive housing systems and employment and peer support, many of these individuals can recover and lead productive lives. Kelly noted that approximately 35% of individuals in the Brown County Jail have mental health issues. She noted that she reported at the last Board meeting that the US Department of Justice reports that local jails have up to 64% of people with mental illness problems.

Kelly continued that the suicide statistics in Brown County are discouraging and depressing. Thirty-five community members died by suicide in 2013, the highest number since 2009 and the Wisconsin suicide rate is more than three times greater than the state homicide rate and eight times greater than the number of deaths related to HIV. Ninety percent of those who die by suicide have a diagnosable psychiatric disorder at the time of death.

Kelly learned in her work at the homeless shelter that many people with mental illness do not know where to go for services or even that they are ill. She noted that an outreach worker from the County can come up and work with the person, but a homeless person is not thinking too far into the future to be able to keep and attend appointments a month or two down the road.

Kelly agreed with a number of statements that have been made during the meeting and suggested a few more. She felt that increased services are needed at the CTC for psychiatric, substance abuse and detox. Psychiatric services are needed in the jail and this has been discussed at the Public Safety meeting. Joshua is recommended a part-time 20 hour psychiatric nurse practitioner because they are familiar with mental illness, they know the behaviors and medications and can also prescribe medication. She also agrees with Pritzl's suggestion to have a staff member assist with admitting to evaluate individuals for mental illness and also to ensure their success in release from jail. Further, Kelly felt that advocating and spreading the word is necessary. She applauds the Green Bay Police Department for CIT and CIP training and encourages this throughout the Sheriff's Department and the rest of the County. Outpatient services would be recommended for individuals to check on medication, check on their welfare and behavior to see if any connected services or follow-up is needed. She felt a good look should also be taken at statistics and records to determine what is working and what is not working. Low income housing is also something that should be explored as it was Kelly's opinion that some of the people in homeless shelters could successfully live in low income housing if there was someone checking in on them on occasion. She also agreed that the collaboration work needs to be done in the community to get an effective committee together to work on these issues. Kelly noted that there are many good people in this community working on mental health, but they are all isolated and the task of figuring out who they are and getting everyone involved is a collaborative effort.

-Megan Schwobe addressed the Committee again. With regard to a list of things that are needs, she is a community support program case manager and works directly with clients who have severe mental illness through an agency contracted through the County. She is not a County employee, but since she is contracted through the County, she has to abide by the rules that the County sets in place. She noted that they have a budgeted amount of hours that are set at the beginning of the

year and if they go over those hours, they are not paid. Schwobe continued that they provide so much service that by October, November the hours have been maximized and they are not getting paid the last few months of the year. She noted that they receive a lot less amount per hour working with the clients directly compared to the County employees. The biggest issue Schwobe has with her clients is not the fact that there are no services because she provides services, but it is that the CTC does not approve of certain people to be admitted to the hospital. She stated that there have been denials many, many times over the last year of people who need psychiatric treatment. This is frustrating because they need help and are being told no. Schwobe also commented on the Crisis Center and stated that she did not think that was the best option. She noted that many of the people at the Crisis Center have high school degrees or Bachelor's degrees. She is a Master's level case manager and has a license in the State of Wisconsin and makes assessments every day as do a number of other case managers and their education and experience is dismissed. Instead of going to the Crisis Center, Schwobe feels like they should be able to go right to the hospital to ask if a client can be admitted. If the police become involved, the police would take their assessment and judgment and act accordingly instead of taking people to the Crisis Center where they do not know the clients at all.

The other thing Schwobe wanted to talk about was referrals. She noted that there are so many people in need of services in Brown County and there are really good agencies and services that they are provided, but they are not getting referrals. She cannot even say how many people she comes in contact with who ask to be in the community support program and she does not know what to tell them because she is not aware of any contact person at the County or person they can talk to to be screened for services. If there is a person at the County to handle this, she does know that and neither does her agency. What has been happening is they are not getting referrals, and they cannot get their own referrals; they have to wait for the County to give them to them. Schwobe did not feel that there was a need for more beds; she felt the need was for the hospital to give them permission to have patients admitted to the hospital.

-Nancy Fennemma, Director of Community Programs for Brown County Human Services. Fennema felt that some misinformation has been reported during the meeting that she wished to clarify. With regard to the contracts, Brown County negotiates based on individual client plans and the number of hours, but they do not stop paying providers towards the end of the year. With regard to the level of education of those employed at the Crisis Center, it is her understanding that all staff have either a Bachelors or Master's degree. Fennema also felt that there was misinformation in terms of admission to the hospital that she felt needed to be clarified with some of the other providers.

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to return to regular order of business. Vote taken. MOTION CARRIED UNANIMOUSLY

La Violette stated that the County budget is probably already put together. Director of Administration Chad Weininger indicated that administration is just wrapping the budget up and it will be done in the next week or two. La Violette felt that if this committee meets and decides what they want to do, they better meet fast and better say they want a detox center if that is the number one priority and figure out how much it is going to cost because in all likelihood the County Board will have to add that to the Executive's budget. Hoyer agreed with La Violette in that the committee would need to meet and act fast and he questioned if there should be more directors of the study group. Evans stated that that would be Zima's call and he will make contact with him and encourage him to meet with the Human Services Director on this. Evans stated that he wants to make sure this is heading in the right direction and the study group is focused on what needs to be done.

Pritzl said it was important in this discussion to talk about what is on the list of unfunded initiatives and he noted that his department is always working within available funding. One of the things on

his list is funding for detoxification services. Pritzl said that there is a group working on this and they have outlined three proposals with varying price tags. The top one is over \$1 million dollars. Pritzl wanted the Committee to know that the group has looked at all of the details on this and have really put forth a lot of time to figure it out. He noted that he has attended a number of group meetings and what is consistent across all of them is the need for detox services, but he does not have \$1 million dollars to work with right now and that is why it is on the list of unfunded items. Pritzl felt it was important for the Committee to know that there are proposals on this already.

Haefs asked Pritzl what he meant by he can't work on this right now because he doesn't have the money, and Pritzl stated it is because the Human Services Department can only fund so much and cannot provide services beyond what they are able to fund. Haefs asked if Pritzl could move forward with the detox services if the Board appropriated money. Pritzl said that if there is money there, the Board could appropriate the money. He stated that he is looking across the agency, including Child Protection, Long Term Care and Adult Protective Services, and he is not able to do all of the things he would like to do and has to balance out if he does one thing, what other thing can they do without. Pritzl felt it was important to note that there just is not a pocket of funding available for detox while trying to fund everything else, but he felt it was important for the Committee to know that people have looked at this and know the price tag. Haefs asked if the reason Pritzl cannot do everything is because of a target goal and Pritzl responded that he is working with preliminary numbers and he is trying to work within the limits of what they are given for funding, whether it comes from the Board or another source. Haefs understood that the departments are provided with a target, and for the last several years, the target was not to raise the tax levy and he asked what the target this year was. Weininger responded that the Executive did not freeze the tax rate levy; he froze the levy which is spending for the last four years. Weininger continued that this year the Executive could go up \$2 million dollars without increasing the tax rate. In addition anything over that would result in a tax increase on the rate, however, from that point, they could go up an additional \$5 million dollars. To put it into perspective, on a \$150,000 home, it would be roughly \$1.50. Haefs said that he does appreciate the levy target and he understands it, but he would like to hear what the departments do not have and the Board will decide what they want to do.

Hoyer asked if there would be any grants available for a detox facility. Pritzl responded that he does not know if grant opportunities have been explored or not, but that is something that they will certainly want to look into. Hoyer asked if the \$1 million dollars was a one-time cost or an annual cost and Pritzl responded that it would be an annual cost.

Gerarden brought up comments made earlier about people not knowing where to go for help and noted that the Human Services website was not as user friendly and informative as she felt it could be and that is one area that could be worked on to provide more information to more people in need. Pritzl agreed with Gerarden and indicated that he has reviewed other websites from other departments and he will be looking further into this.

Motion made by Supervisor La Violette, seconded by Supervisor Haefs to accept Supervisor Zima's recommendation to establish a committee to come back to the Human Services Committee with a recommendation as to how to solve this problem. Vote taken. MOTION CARRIED UNANIMOUSLY

5. **Communication from Supervisor La Violette re: Who (state/county) is going to pay for the drug testing of people on welfare? Who (state/county) is going to run the program? What is the time table for implementation? Is this a state mandate to be funded by counties? Where is the cost/benefit analysis? What will happen to people who test positive? *Referred from July County Board.***

Pritzl noted that the questions raised in this communication are excellent questions. He felt that philosophically people could wrap their minds around why something like this would be done, but the

question is how it would be paid for. Pritzl shared that the fiscal estimates when it was proposed were labeled across the board as indeterminate. He said that nobody looked at the costs or what service needs would result based on test results. He continued that a lot of things were labeled as screening which is different than testing. Screening is asking a number of questions while testing is like a drug test of some sort. He continued that beyond that, there was language that referenced state sponsored treatment, but in the final budget this language was vetoed out. At the State level what happened is it directed the state departments to apply for waivers, which may or may not be granted but in all likelihood from past experience will not be granted. However, if they are granted, there are no specifics as to who would pay for testing and any support for additional treatment was also vetoed. Pritzl does not think this would be helpful in the spirit in which it was intended because we would be trying to fund additional services with no idea of how the testing or screening would be done or how treatment would be paid for.

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

6. **Communication from Supervisor Erickson re: That Brown County budget some funding in the 2016 budget to start some services for addicts. This has been overlooked. We provide funding to the Drug Task Force but nothing for those that slip between the cracks. We may even be able to share staff and help between the CTC and the jail. *Referred from July County Board.***

See discussion under Item 4 above.

Aging & Disability Resource Center

7. **Report re: The top three unfunded or underfunded needs in each department that reports to the Human Services Committee, including attached dollars amount. *Motion at June Human Services meeting: That the department heads reporting to the Human Services Committee report to the Committee the top three unfunded or underfunded needs with an attached dollar amount and that this information be provided by the August meeting.***

ADRC Director Devon Christensen provided the Committee with a handout outlining the ADRC's underfunded or unfunded projects for 2016, a copy of which is attached.

Christensen reported that the dementia care specialist position has been very successful in the community in building a coalition around addressing the issue of Alzheimer's and dementia. They are working to reduce stigma, educate the community and agency and a lot of other responsibilities. Christensen continued that the Governor's budget is to reduce the positions from 16 around the state to 12 but the ADRC is not being told if they can be one of the positions that is kept or not. Christensen stated that she sees such value in this position and so does the community and they would love to continue on with a dementia care specialist if the position is lost in the Governor's budget. She felt that the issue of Alzheimer's and dementia is touching the entire community and is not being taken as seriously as it should be through state and federal funding.

Christensen continued that the next unfunded area is serving meals to people under the age of 60 who have disabilities. The current federal funding structure does not allow the ADRC to use Older Americans Act money or nutrition dollars to serve people under 60 who are homebound, disabled, applying for disability, etc. The shift to Family Care has changed the landscape and they will continue to have people for the next three years who will be struggling to make ends meet and need to receive a meal. Christensen sees a need to serve an additional 1284 meals a year to serve additional people. If there were more resources to serve those people, it would be greatly helpful in the community.

The last thing Christensen would like is a Grounded Coffee House Hospitality Supervisor. She reported that they are shifting their model and trying to work in an environment of social integration where they are looking to provide sustainable models for people with disabilities to have employment opportunities in the real world. The ADRC has a café but what is not funded is a hospitality or supervisor job coach so

people with developmental disabilities can be in their environment and have a supportive job coach. She stated there are a lot of partners in different organizations who are very interested in this and they are hoping to get this launched.

Haefs said that he cannot say if these needs will be met, but it beats the heck out of the last couple of years of department heads saying they met their target goal without identifying additional needs. He can look at these under-funded and unfunded initiatives and consider them and he stated that it is very refreshing to hear these things. Hoyer agreed and stated that knowing these needs ahead of time should help the budget process go much smoother. Haefs thanked Christensen and said she did a great job.

**Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to receive and place on file.
Vote taken. MOTION CARRIED UNANIMOUSLY**

Health Department

8. **Report re: The top three unfunded or underfunded needs in each department that reports to the Human Services Committee, including attached dollars amount. *Motion at June Human Services meeting: That the department heads reporting to the Human Services Committee report to the Committee the top three unfunded or underfunded needs with an attached dollar amount and that this information be provided by the August meeting.***

Health Director Chua Xiong and Environmental/Lab Manager Rob Gollman presented the top three unfunded needs of the Health Department. A handout was provided to the Committee, a copy of which is attached.

The first item is for an increase in wages. Xiong would like to be able to give her staff a 2% wage increase. The attachment includes a breakdown which shows that a 2% increase would amount to \$41,000 plus \$15,000 in fringes. Xiong stated that the reason she is asking for this is to keep the staff that they have. She said that they have new people coming in with salary rates that are not comparable so people are coming in and getting training and then leaving. The Health Department is spending a lot of money training people who are then leaving.

With regard to the wage issue, Gollman noted that he did some research and submitted information to Human Resources as directed in response to the class and comp study. He provided 10 comparables that ranged from about \$1,600 above his current wage to \$41,000 about his wage. These comparables came from comparable communities within the state, some county and others being municipalities. Some of these comparable positions supervised as few as two people and some did not have a laboratory. That individual is making \$13,000+ more per year than Gollman, who supervises seven sanitarians, one lab staff and one health aide. Gollman is only speaking for himself and noted that he told his sanitarians that if they were not satisfied with their wages, they should go through the steps of providing comparisons to Human Resources. Xiong added that when looking at comparability to other Health Departments in other counties, when they attend regional meetings, they see other environmental departments and they hear that people are not interested in coming to Brown County because of the wages and sometimes people seemed to make a joke about the wages in Brown County. This makes finding qualified candidates to apply for senior positions with experiences very difficult. As a result, they are getting newbies coming in who want the training and then move on to another county that pays more wages.

Xiong continued on her list of unfunded items and stated that travel and training is something they would like to see increased. She noted that they have registered nurses and registered sanitarians and there are required trainings that they need to attend. Gollman noted that the Health Department has trouble finding money for training with the levy targets in the past. He noted that there were years when there were zero dollars available for training and currently they have roughly \$300 available for professional staff training. He continued that he has three inspectors who need

to take lead hazard investigator training. The only thing offered for this is in Milwaukee and consists of a full week of training at a cost of \$1,140, plus lodging. Gollman stated that his inspectors have been submitting requests for training as training is extremely important for the Health Department to retain young staff. If staff could be trained, Gollman felt that the retention level would improve. He noted that years ago when he worked in another county he had \$1500 available for training every year.

Xiong added that since some of their staff are registered, there is a requirement to keep up to date with recommendations and guidelines. The other important thing is staff development and retention of staff. Attachment B of the handout provides figures as to what the Health Department is asking for for travel and training.

Xiong continued that her last item was for additional personnel added to Information Technology Services to assist with work requests. She noted that because of the increase in technology use, there are a lot of software applications that require ongoing upgrades. Because of the increase of technology in the workspace, non-functional technology creates the inability to complete necessary work duties. She stated that currently her staff uses notebook computers when they go out into the field to do inspections and they print out the report and give it to the owner on the spot. If the notebooks are not working, the inspections cannot be completed. She knows that IT is trying to keep up with all of the demands, but it is difficult to get things done in a timely manner and this has a domino effect on other departments. Xiong provided an attachment showing the requests for technology services and what the wait time is. She stated that this is no fault of IS, but because of the increased demand of technology, additional help in IS would be beneficial to all departments.

Haefs thanked Xiong for her report and referenced the request for wages. He felt it was important for the department heads to stand up for their employees and he was glad to see Xiong doing this.

Motion made by Supervisor Hoyer, seconded by Supervisor Haefs to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Veterans Services

9. **Report re: The top three unfunded or underfunded needs in each department that reports to the Human Services Committee, including attached dollars amount. *Motion at June Human Services meeting: That the department heads reporting to the Human Services Committee report to the Committee the top three unfunded or underfunded needs with an attached dollar amount and that this information be provided by the August meeting.***

Motion made by Supervisor Haefs, seconded by Supervisor Hoyer to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Human Services Department

10. **Resolution re: Helping families move from homelessness to self-sufficiency. *Standing Item until such time that there is action to be taken.***

Motion made by Supervisor Hoyer, seconded by Supervisor Haefs to hold for one month. Vote taken. MOTION CARRIED UNANIMOUSLY

11. **Resolution re: Reclassification of the Long Term Care Manager in the Human Services Table of Organization.**

Motion made by Supervisor Hoyer, seconded by Supervisor Haefs to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

12. **Resolution re: Reorganization of the Table of Organization of the Human Services – Community Treatment Center**

Motion made by Supervisor Hoyer, seconded by Supervisor Haefs to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

13. **Report re: The top three unfunded or underfunded needs in each department that reports to the Human Services Committee, including attached dollars amount. *Motion at June Human Services meeting: That the department heads reporting to the Human Services Committee report to the Committee the top three unfunded or underfunded needs with an attached dollar amount and that this information be provided by the August meeting.***

Pritzl provided the Committee with a handout showing the top three unfunded or underfunded needs in Human Services, a copy of which is attached. He has already talked about the first need which is for substance abuse detox and residential services. He reiterated a point he made earlier in the meeting that the Human Services Department is not just about mental health and substance abuse, it is about so much more.

The second item on Pritzl's list of unfunded or under-funded initiatives is for increased staffing for Child Protective Services. The manager in that area as well as the Coordinator of Community Programs has seen different proposals looking at increasing staff in this area to comply with state standards and reduce overtime costs. He did note that that the Committee and the Board has made an investment already and a lot of that was directed at the initial assessment piece but they have seen needs building up in the ongoing case load.

The third item is in the Child and Adolescent Behavioral Health Unit. Pritzl would like to add two case clinician/case management positions to reduce the waitlist for Children's Long Term Support. He noted that this would allow for an increase in services to make sure they are using as many slots as they can.

He noted that the list he provided is a draft and he is not done with his budget yet and is still looking at different ideas. If he can find money to support some of these things he definitely will, but this report is the needs he sees as of today.

La Violette thanked Pritzl for his report and said he was doing an amazing job for only being in his position for a couple of months.

Hoyer asked if there was money available if Human Services felt they would be able to get qualified candidates for clinicians. Pritzl stated that they have been able to recruit just fine.

Haefs asked if retention was an issue in the Human Services Department. Pritzl stated that it does present challenges at times because there are counties that do pay more and he does have employees who get offers that they entertain. He stated that his staff is noted to be hardworking, qualified and excellent professionals and other counties are starting to look at that and want them in their own counties and offer them more money.

Motion made by Supervisor Hoyer, seconded by Supervisor Haefs to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

14. **Executive Director's Report.**

Pritzl introduced Luke Schubert to the Committee. Schubert is the Administrator at the hospital.

**Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to receive and place on file.
Vote taken. MOTION CARRIED UNANIMOUSLY**

15. Financial Report for Community Treatment Center and Community Programs.

**Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to receive and place on file.
Vote taken. MOTION CARRIED UNANIMOUSLY**

16. Statistical Reports.

- a. **CTC Staff – Double Shifts Worked.**
- b. **Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.**
- c. **Monthly Inpatient Data – Bellin Psychiatric Center.**
- d. **Child Protection – Child Abuse/Neglect Report.**
- e. **Monthly Contract Update.**

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to suspend the rules and take Items 16 a-e together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Hoyer, seconded by Supervisor Haefs to receive and place on file Items 16 a-e. Vote taken. MOTION CARRIED UNANIMOUSLY

17. Request for New Non-Continuous Vendor.

Motion made by Supervisor Hoyer, seconded by Supervisor Haefs to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

18. Request for New Vendor Contract.

Motion made by Supervisor Hoyer, seconded by Supervisor Haefs to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Syble Hopp – No agenda items.

Other

19. Such other Matters as Authorized by Law.

A brief discussion was held with regard to the date for the budget meeting. It was determined that the Human Services Committee budget meeting will be held on October 28, 2015.

20. Audit of bills.

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to pay the bills. Vote taken. MOTION CARRIED UNANIMOUSLY

21. Adjourn.

Motion made by Supervisor Haefs, seconded by Supervisor Hoyer to adjourn at 8:20 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary

Preliminary Mental Health Report to the Human Services Committee

August 26, 2015

(Corrections Made August 27, 2015)

Introduction:

In January and February of 2015, the Human Services Committee expressed an interest in a holistic look at how mental health and substance abuse services are provided. There is reference to a comprehensive plan that will be developed, with the goal that needed services can be included in future budgets starting in 2016. This preliminary report is intended to address four primary areas:

- CTC/Inpatient Mental Health and AODA County Services
- Community Mental Health and AODA County Services
- Mental Health and AODA services offered by the community in general with which the County has a partnership.
- The coordination of services for persons with mental health and AODA issues served in the jail.

Possibly the most important place to start the conversation is to understand what “mental health” refers to given that people often discuss mental health in terms of the presence of factors (symptoms, indicators and diagnostic criteria), the absence of factors (social supports, coping strategies) or a mix of both. The answer is that mental health is all of those factors and more. It very could be that mental health is the presence of symptoms, while a person does not have the adequate social supports to counter the symptoms. It is often a complex issue to sort through for clinicians, and challenging for the person and their support network of families, friends and the community to understand and respond to.

Mental health includes the emotional, psychological and social well-being of the person (www.mentalhealth.gov.) It is important to note that positive mental health can be a condition as much as negative mental health. Understanding the etiology of mental health issues that cause difficulties in daily living and functioning for a person is difficult, but often includes biological factors, life experiences, and family history to identify a few factors. The severity of the condition for the person may be mild to severe in terms of limitations and needed intervention.

Mental illness, by contrast, is more well defined and includes the application of diagnostic criteria to a set of presenting symptoms and arriving at a formal diagnosis that meets the criteria established in the DSM-V (Diagnostic and Statistical Manual), or ICD-10 (International Statistical Classification of Diseases and Related Health Problems.) The use of these manuals, in simple terms, means that symptoms have been present that fit the criteria and have persisted for a period of time.

Prevalence:

While it may be difficult to establish prevalence due to the stigma surrounding mental health issues and other barriers to seeking treatment, there has been acceptance of prevalence rates identified by the National Institute of Mental Health (2013). The first area to look at is categorized as “any mental illness,” and this means:

- A mental, behavioral, or emotional disorder (excluding developmental and substance use disorders);
- Diagnosable currently or within the past year; and,
- Of sufficient duration to meet diagnostic criteria specified within the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

The prevalence of any mental illness reported by adults in the United States is presented in Figure 1 below:

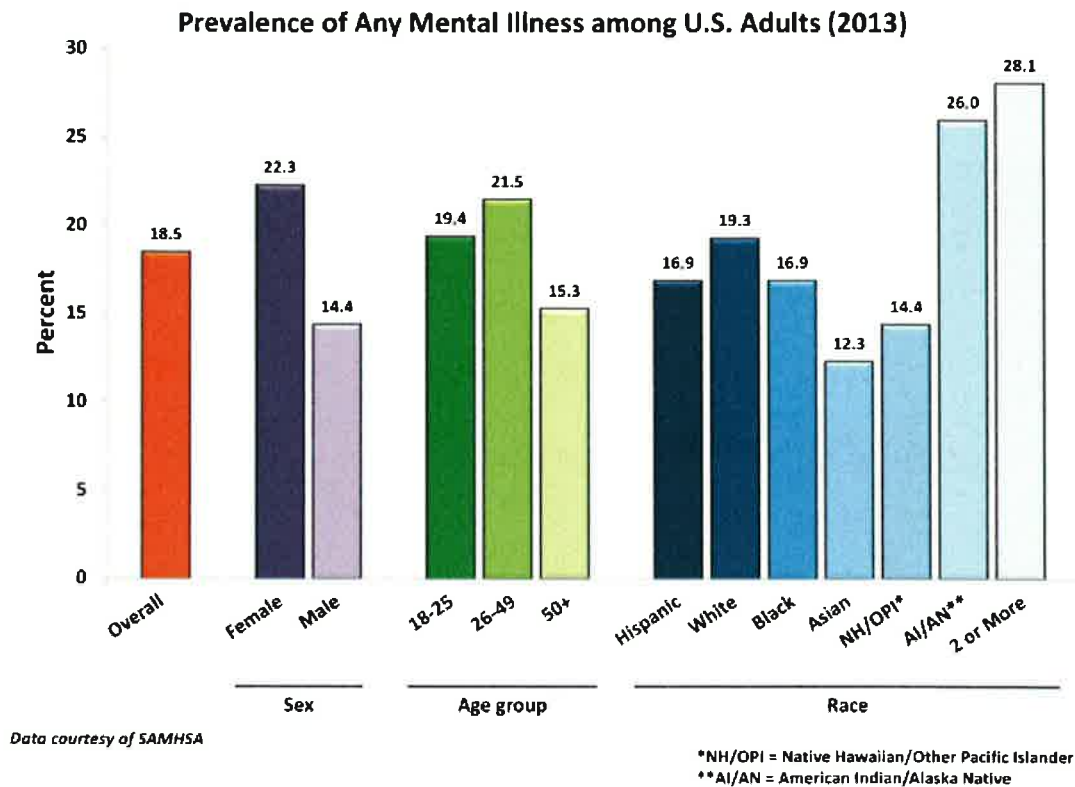


Figure 1: Prevalence of Mental Illness in the United States (Adults)

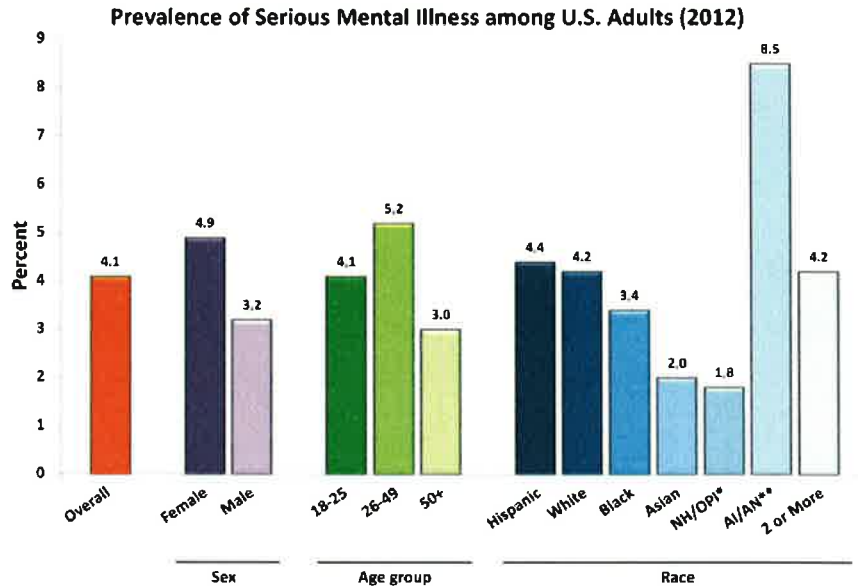
The category of any mental illness includes people who are experiencing a mild impairment as well as people who are experiencing a significant impairment that could be characterized as a serious mental illness.

Serious mental illnesses are of more significance for the person, their support network and the community. These include

- A mental, behavioral, or emotional disorder (excluding developmental and substance use disorders);
- Diagnosable currently or within the past year;
- Of sufficient duration to meet diagnostic criteria specified within the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV);
- Resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

The prevalence of serious mental illness in the United States is presented in Figure 2 below:

2



Data courtesy of SAMHSA.

*NH/OPI = Native Hawaiian/Other Pacific Islander
 **AI/AN = American Indian/Alaska Native

Figure 2: Prevalence of Serious Mental Illness in the United States (Adults)

At the national level, 18.6% of adults report having any mental illness within the past 12 months, and 13.1% of children report having any mental illness within the past 12 months.

Applying these percentages to Brown County's population (256,670) approximately 35,898 adults would have any mental illness in the past 12 months, and 8,204 children would have any mental illness in the past 12 months. There would be an estimated 7,956 adults with a serious mental illness in the past 12 months.

A Systemic Approach to Mental Health Care:

Using a Substance Abuse and Mental Health Services Administration (SAMHSA) model to review the current Brown County supported services provides a framework for a comprehensive continuum of care to address mental health and substance abuse issues. P²TR stands for Promotion, Prevention, Treatment and Recovery. These are further defined as follows:

Promotion:

Mental health promotion refers to efforts to educate the general public about mental health issues, strengthen community resources that support positive mental health and the promotion of better health for all people.

Prevention:

These services are provided prior to the onset of a disorder, and focus on reducing the likelihood of a person presenting with treatment needs. There are three sub-categories: universal, selective and indicated. Universal is for general public, selective is specific subgroups or individuals who have a higher

risk of mental health issues, and indicated is targeted at specific persons at high-risk for mental health issues.

Treatment:

This includes the range of treatment interventions for consumers with an identified need. This can include identification of people with mental health issues, and standard treatment of mental health issues.

Recovery:

Intervention and supports in this area are to support long-term treatment (if needed), and aftercare. Currently, there are peer supports and less formal recovery options that have been developed in many areas.

Brown County has services that can be identified in those categories. It is helpful to consider services that are available to adults and children. The services are summarized for adults in Table 1 below:

Promotion:	Prevention:	Treatment:	Recovery:
<ul style="list-style-type: none"> • Celebrate Sobriety • Nurturing Program • Economic Support-Farmer's Market Bonus Voucher • 20/20 Group • Take Back the Night • Public Health • ADRC 	<ul style="list-style-type: none"> • Vulnerable Adult I-Team (county provided, community participation) • AODA-Education • Brown County Coalition on Suicide Prevention • Crisis Center 	<ul style="list-style-type: none"> • Mental Health Outpatient • Individual Therapy • AODA Outpatient Individual Therapy-Adult • Group Treatment-AODA and Mental Health (DBT) • IDP Assessments • Community Support Program • Targeted Case Management • Medication Management • Comprehensive Community Services • Inpatient Treatment • Crisis Center • NEW Community Shelter • Libertas • Many Private Individual Providers • Local Hospitals 	<ul style="list-style-type: none"> • Medication Management • The Gathering Place • Peer Specialists • NAMI • AA • NA

Table 1: Continuum of Adult Services

2

The array of services for children is different, and is summarized in Table 2 below:

Promotion:	Prevention:	Treatment:	Recovery:
<ul style="list-style-type: none"> • Foster Parent Education • PALS Program-Play 360 Nurturing Program • Economic Support-Farmer's Market Bonus Voucher • Trauma Informed Care-CABHU • United Way Partnership for Children • Public Health 	<ul style="list-style-type: none"> • Birth to Three • Community Response • United Way Partnership for Children • Early Intervention Programs • Brown County Coalition on Suicide Prevention • Community Resource Centers (Howe and Fort Howard) • Boys and Girls Club 	<ul style="list-style-type: none"> • Children's Long Term Support • Coordinated Services Teams • Child and Adolescent Behavioral Health-Outpatient • Comprehensive Community Services • Inpatient Treatment • Private Mental Health Providers • Hospitals 	<ul style="list-style-type: none"> • Post Reunification Program

Table 2: Continuum of Children's Services

Accessing Care:

One of the concerns raised recently is the need for providers, and a concern of a lack of providers. According to the University of Wisconsin Population Health Research Institutes (2015), Brown County has one mental health provider for every 646 residents. A mental health provider includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care, and providers that treat alcohol and other drug abuse. Brown County's ratio of 646:1 for mental health providers is slightly above the Wisconsin ratio of 623:1.

This raises the issue of access versus availability, and why people don't access services. About 13.4% of adults receive mental health services for any mental illness, and just over 50% of adults with a serious mental illness receive treatment. Service utilization by children is higher, with just over 50% of children receiving services for any mental health disorder. The most commonly used service by adults with a serious mental illness is prescription medication, followed by outpatient services and then inpatient services. In Figure 3 that follows, the breakdown of service utilization by this population from the Substance Abuse and Mental Health Services Administration (SAMHSA) is presented based on national level research.

2

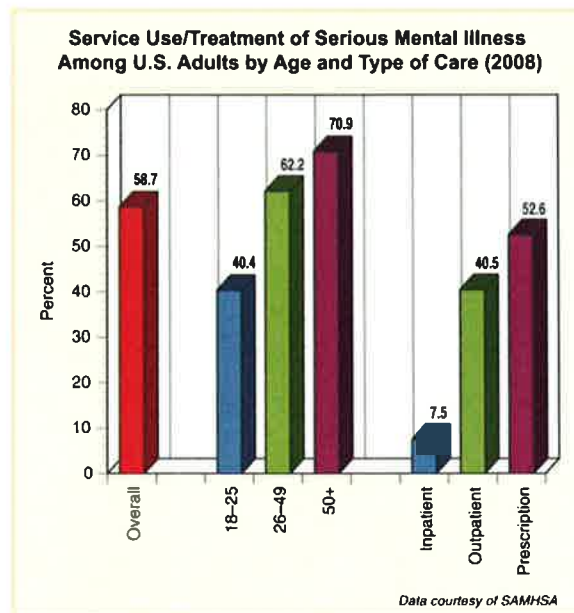
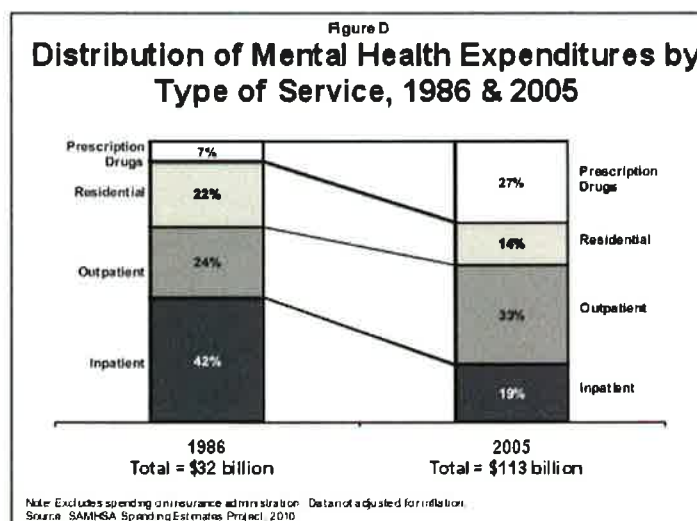


Figure 3: Service and Treatment Use-U.S. Adults

What is interesting to note is the change in the distribution of mental health expenditures over time. When SAMHSA looked at this topic, it was found that there were significant changes in the types of services being funded, with large increases in prescription drug expenditures, moderate increases in residential and outpatient expenditures, and a significant decrease in inpatient expenditures (as a percent of total expenditures.)



2

The most commonly cited reason for not accessing services by adults is cost. The breakdown of responses to the national survey for not seeking treatment is presented below in Figure 4:

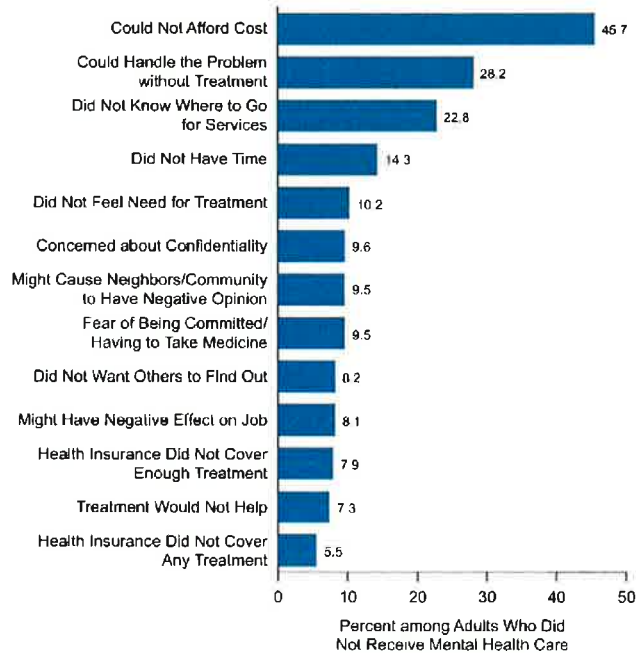


Figure 4: Reasons for Not Receiving Treatment (Adults)

There is no doubt that cost is a barrier to receiving services either because an individual does not have insurance or other resources to access services. The charge of the department is to provide an alternative to people who do not have access to services through their own means, within the limits of available funding. This includes State, Federal and County funds.

One of the primary responsibilities the department has is responding to the needs of people who are not insured. Using the percent of people who are uninsured from the UW Madison Population Health Institute (estimated at 11% of population under age 65) as a benchmark for assessing the number of people who are not accessing mental health services due to insurance coverage issues, it is possible to estimate how many people with any mental illness (35,898) in Brown County who do not access care (21,180) for the reason of being uninsured (2,230.) It is possible that people with mental health issues might be more likely to be uninsured given the high percentage of people who stated they could not afford the cost of care when asked why they did not receive treatment. Brown County clinical outpatient services located at the Community Treatment Center currently 3,721 people open for any service (mental health and substance abuse.)

Substance Abuse Services:

Defining substance use and abuse can be challenging, and requires an assessment by a professional to assist the person in understanding their use and treatment options. According to the Substance Abuse and Mental Health Services Administration (SAMHSA,), "substance use disorders occur when the

recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.”

The Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association made revisions in the DSM-V to move toward an encompassing criterion of substance use disorder to include a continuum from mild to severe. According to SAMHSA, about 8.8% of adults have a substance use disorder, with about 40.6% experiencing what is referred to as co-occurring disorders involving a substance use disorder and mental health disorder.

Using the prevalence estimates from SAMHSA as a guide, in Brown County there would be an estimated 17,076 people with a substance use disorder ranging from mild to severe, with an estimated 6,933 of the individuals experiencing a co-occurring mental health issue and substance use disorder.

Expenditures:

The costs of unmet needs in mental health and substance abuse are great, and the safety net provided by publicly funded services is critical for the care and safety of the person and the community. Brown County, like all Wisconsin Counties, is charged with identifying a county agency to provide community-based mental health services. This could include a single county department, or multi-county agency, as the agency designated to provide services. Chapter 51 of the Wisconsin State Statutes does indicate that counties are responsible for program needs only within the limits of available state and federal funding, and county funds. With some variations, all counties have access to the same formula based allocations, or specific service reimbursement of State and Federal funds. There is variation of county funds that are available.

Limiting the discussion to available County funds, a comparison of counties in the Northeast Region and expenditures on mental health follows in Table 3. This was prepared using information available from the Wisconsin Legislative Fiscal Bureau (2015).

County:	Population (2013):	Expenditures (2013):	Per Capita:
Brown:	254,765	\$16,761,260.00	\$65.79
Outagamie:	180,225	\$13,359,410.00	\$74.13
Winnebago:	169,360	\$11,648,328.00	\$68.78
Sheboygan:	114,868	\$7,508,025.00	\$65.36
Fond du Lac:	101,648	\$7,330,902.00	\$72.12
Manitowoc:	80,623	\$5,678,276.00	\$70.43
Waupaca:	52,212	\$3,559,314.00	\$68.17
Calumet:	49,644	\$3,133,057.00	\$63.11
Shawano:	41,594	\$1,892,749.00	\$45.51

County:		Population (2013):		Expenditures (2013):		Per Capita:
Marinette:		41,497		\$3,732,959.00		\$89.96
Oconto:		37,334		\$1,521,633.00		\$40.76
Door:		27,873		\$2,017,886.00		\$72.40
Waushara:		24,330		\$2,436,726.00		\$100.15
Kewaunee:		20,474		\$1,273,926.00		\$62.22
Green Lake:		18,967		\$1,485,463.00		\$78.32
Marquette:		15,149		\$1,071,804.00		\$70.75
Menominee:		4,382		\$906,021.00		\$206.76

Table 3: Mental Health Expenditures in Selected Counties

Local Treatment Services:

The county provided service array in Brown County is comprehensive given the limits of available funding, and support available at the State and Federal level. A grid of services is provided in Table 4 below:

Service Category:	Service Area:	County Provided:	County Provided- Partnership:	Community:
Inpatient				
	Mental Health	✓	✓	✓
	Substance Use		✓	✓
Residential Services				
	Mental Health		✓	
	Substance Use		✓	
	Crisis Stabilization	✓	✓	
Outpatient Services				
	Mental Health	✓	✓	✓
	Substance Use	✓	✓	✓
	Intensive Outpatient Program	✓		✓
	Dialectical Behavior Therapy	✓		✓
	Psychiatry	✓		✓

Service Category:	Service Area:	County Provided:	County Provided- Partnership:	Community:
	Intoxicated Driver Program	✓		
Case Management Services				
	Comprehensive Community Services	✓		
	Children's Long Term Support	✓		
	Targeted Case Management	✓		
	Crisis Stabilization	✓	✓	
	Community Support Program	✓	✓	

Table 4: County Service Array

Current services provided by Human Services Staff at the Brown County Jail:

Brown County Human Services currently has one of the substance use case managers attending the jail, typically each week. This contact is to offer outreach and service linkage to any inmate that is seeking assistance with substance use services. This process was started as a result of collaboration between the Human Services Department and the "Basic Needs Group" that meets each month. This outreach effort started within the past year, and was initially provided by Libertas and now by Brown County staff.

Other Human Services staff members interface with the jail including communication with the jail mental health professional and county staff at the Community Treatment Center. Releases of information are signed by an inmate which then permits communication with county staff for existing clients that are case managed or that receive outpatient services at the Community Treatment Center.

Human Services case management staff members are called upon periodically to assist with medication provision for their clients who are at the jail, this often corresponding with discharge from the jail and coordination of client mental health/substance use, or other service needs.

A staff member assigned to homeless outreach receives daily census information from the jail on weekdays, to coordinate the service needs and to track the whereabouts of some clients. This census information would include information on inmates/clients detained over the weekend.

Emergent crisis response to the jail is provided by the Family Services Crisis Center, and these staff complete crisis assessments with respect of inmates who the jail may have concerns about. This service is provided on a 24 hour/7 day per week basis. The Crisis Center is the Human Services crisis response entity, as the services they provide fall outside of business hours that county staff operate.

Brown County Human Services receives Alcohol and Other Drug Abuse (AODA) block grant monies, and this funding mechanism prohibits the provision of treatment within the jail by county staff funded this

way. Services provided using monies from the block grant in a jail or corrections setting is prohibited as the grant structure has the premise that other resources are available to meet the needs of inmates in correctional settings. If Human Services staff provided treatment to inmates using funding from this source, the department could lose the block grant funds.

The current services also include an intake social worker who is available to receive phone calls or written communication with referrals that relate to inmates that are being discharged from the jail.

Services provided by Jail Mental Health Supports:

The Brown County Jail has some funding that exists to provide services within the jail. These services are limited to the provision of 32 hours per week of mental health services in the form of a mental health professional, and some psychiatry including three hours of tele-psychiatry. Both the psychiatry and mental health professional services are provided by a contractor. Limited funds constrain what the jail is able to provide to their inmates with respect to mental health or substance use services. Additionally there are 16 hours of nursing time on weekdays and 8 hours per day at weekends.

The CAGE screening tool is used to determine an inmate's mental health or substance use status, in addition to other screening tools used in the jail intake process. The jail has around 800 inmates. The jail also has some constraints on what their staff can do, as mental health services cannot be provided by some of their nursing staff like they once were due to changes that came with DOC 350.

Future Directions and Points to Consider:

This report is a preliminary overview of the scope of need for mental health and substance use services. Through the course of meetings with department staff, community groups, and community provider partners, a few program areas for future review and expansion emerged:

Increased Support for Jail Transitions:

A number of people who are placed in the Brown County Jail have a mental health need. While in the jail, the needs are met through jail mental health services. The transition into and out of the jail should be supported for people with a mental health or substance use need to increase connections to services and reduce re-entry to the jail for this population.

Increased Use of Recovery and Peer Specialists:

A certified peer specialist in Wisconsin means someone has completed a Department of Health Services recognized peer specialist training, and passed the required exam. A certified peer specialist is someone who has lived the experience of a mental illness, and can use their experience to help others in their recovery journey.

Increased Support for Substance Use Needs:

A significant change in the support of substance use services seems to have occurred in 2012-2013, with identifiable support for residential substance use treatment virtually disappearing from budgeted expenditures. In addition, the Community Treatment Center changed admission policies in response to regulatory issues and stopped accepting people who are in need of detoxification services. Brown County Human Services has continued some support of residential substance use services, but detoxification services have been difficult to fund.

Specialty Courts Need Time and Support:

Over the past few years a number of specialty courts have been established including a Veteran's Court, Mental Health Court, Drug Court and Heroin Court. These courts are seeing increased utilization as capacity has ramped up, and are showing promising outcomes. As more people participate in the courts, there is a risk that funding could be depleted. Additional funding for the courts to provide flexible funds to meet the needs of the people involved would be beneficial. The department staff members have done a very good job of utilizing other funding sources for treatment needs before using allocated purchased services funds.

Ideally, a more thorough report of the status of mental health services would be contracted for with an outside entity. A community resource with expertise in this area, such as one of the higher learning institutions, could be a good candidate for this.

2

Resources Used:

WI Legislative Fiscal Bureau. (2015). *Services for Persons with Mental Illness: Informational Paper 49*. Retrieved from: http://legis.wisconsin.gov/lfb/publications/Informational-Papers/Documents/2015/49_Services%20for%20Persons%20with%20Mental%20Illness.pdf.

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UW-Madison Population Health Institute. (2015). *Brown County snapshot*. Retrieved from: <http://www.countyhealthrankings.org/app/wisconsin/2015/rankings/brown/county/factors/overall/snapshot>.

U.S. Dept. Of Health and Human Services. (2015). *What is mental health?* Retrieved from: <http://www.mentalhealth.gov/basics/what-is-mental-health/index.html>.

U.S. Substance Abuse and Mental Health Services Administration. (2014). *Substance Use and Mental Health Estimates from the 2013 National Survey on Drug Use and Health: Overview of Findings*. Retrieved from: <http://store.samhsa.gov/shin/content/NSDUH14-0904/NSDUH14-0904.pdf>.

Communication From: Supervisor Guy Zima

To
BC Health & Human Services Committee,
BC Sherriff
BC Executive
BC Administration Director
BC Human Services Director
BC Circuit Court Judge Zakowski

RE: ReThinking Brown County's Institutional and Community Systems

Background

In the past Brown County had an institutional System which housed a population which did not fit into the rest of society for many mental, emotional and physical reasons. It had a county "poor farm", a tuberculous sanitarium, and of course a county jail. There were also Brown County residents in State facilities at Northern,, Central and Southern Centers for the Developmentally Disabled. In the late 1970s, the County also sent clients for treatment at Winnebago Mental Health Institute or Mendota Mental Health Institute. During the 1960's the County "Poor Farm evolved into a multi-functional institution including a licensed Nursing Home, an Extended Care Facility, and both a Children's and Adult Psychiatric Hospital." The cost of meeting increasingly stringent institutional standards and regulatory requirements however made many advocate for a more balanced community based system. The goal was to reduce the number of people in the institutions during In the 1980's. A push to de-institutionalize these populations by providing a range of community based services was undertaken. Many new developments occurred including private State licensed Medicaid funded Extended Care facilities, group homes, adult foster care, and some boarding homes received county contracts.

County Case management staff managed these populations providing adult protective services. The Federal Government provided Medicaid Waiver funding of those placed from institutions into community placement. Sheltered employment, and adult day care , and outpatient services were provided to compliment the residential components. Federal funding of private extended care services was also an inducement for these changes in the State and County institutions. Ultimately the push for de-institutionalization continued with the elimination of the private extended care institutions, and the provision of more individualized residential services and a range of community services.

What had been a system lop-sided toward the State and County Institutions was changed into one where the Institutional resources were a small fraction of the total.

At the same time these changes were occurring, the funding climate for community services began to diminish. The range of community services intended to support those who had previously been managed in institutions was hard to maintain.

Current Considerations

Today the County Jail system has expanded and there is a shelter care facility, neither of which provides adequately for the mental health and behavioral needs of many of the people. The jail, has now defacto become once again the place for the populations which "don't fit in". Approximately 35% of these inmates suffer from mental , emotional, developmental ,and substance abuse challenges. It has grown to approximately 800 beds and there is consideration of adding another 120 beds or more at a cost of \$20 M. plus operational costs. Before the county commits to this expensive course of action other alternatives must be considered!

The criminalization of behaviors whose cause is mental illness has resulted in a expensive and growing county funded jail. **Many of these mentally ill residents need long term care options. Many of these patients also experience a revolving door with regard to their institutional history. as their care needs change.** They consume a great deal of public resources over the long term. The best use of our tax dollars and the most effective organization of our services is needed.

People who do not represent a threat to the community can alternatively have their needs met with a range of services under Chapter 51 and Chapter 55 of the State Statutes . These statues require the "least restrictive setting appropriate to their needs". **We need to stop wasting money sending the mentally ill to jail and provide better services for the mentally ill.**

There are potential trade-offs between the funds expended in the The Justice, Public Safety and Corrections systems and The Mental Health System. It is no accident that a decline in the population of one has produced a rise in the other.

A Time for Re-Examine

I am requesting a study group bring recommendations to the Human Services Committee and the Brown County Board of Supervisors for their consideration.

I am specifically requesting that that the following be appointed:

- A The Human Services Director
- B The County Sheriff
- C Judge John Zakowski
- D The County Administration Director (to represent the County Executive)
- E A Community Psychiatrist
- F The Human Services Committee Chairman or his designee from the committee
- G As, author of this communication, a senior member of County Board with prior experience on the Mental Health Board, Human Services Committee, and present

member of the Public Safety Committee I am also volunteering to serve on this study group.

H Plus Any other members of the community the Human Resource Committee deems helpful to this important task.

The point of suggesting a Task Force Study is to identify constructive changes within the grasp of local policy stakeholders.

- 1 The study should look at how well "the whole system" fits the needs of this challenging population.
- 2 It should address the relative balance between Jail, and Mental Health system.
- 3 ways to meet the treatment needs of many of those now in jail to better prepare them for community release.
- 4 It should look at unmet needs, and waiting lists for services such as outpatient treatment, less expensive residential placements and other services that will help keep these populations out of jail.
- 5 What are things we can do now with existing resources and policies.
- 6 What would a better system look like if we could make the changes we want?

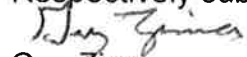
Judicial Discretion

Judges making legal disposition of cases should have the widest discretion of alternatives in the best interests of the community and of the individual which are brought before them consistent with their statutory authority.

Summary

A study group is one mechanism for identifying and studying the options which provide better options than jail in meeting county responsibilities to the mental ill..

Respectively submitted,



Guy Zima

8th District Supervisor



Under Funded or Unfunded Projects-2016

August 26th, 2015

Aging & Disability Resource Center
of Brown County

Program/Project Description Under Funded	Wish List	Cost
<p>Dementia Care Specialist (DCS) This is a position currently funded through the State DHS to provide evidenced based dementia programs and to be a catalyst for creating a Dementia Friendly Community. Several Major initiatives are underway:</p> <ul style="list-style-type: none"> • Purple Angel Program to train businesses • Down Syndrome and Dementia-large gap in expertise and assessment tools for this population we are piloting • Memory Café -1st being established in September-expansion planned in 2016 • Crisis Intervention-training law enforcement and EMT <p>Dilemma: The governor's budget reduced the number of DCS's from 16 to 12 starting July 2016. Which counties will be allowed to continue is unknown and this program is at risk after July</p>	<p>This position is so needed and in demand, keeping up is a tremendous challenge. We are wishing to add an additional social work position to complement the work of the current DCS position to meet the needs</p>	<p>Hours 1,040 Rate \$25.5188 Request \$26,540 Fringe \$12,136 Total Needed: \$38,676</p> <p>Wish List Position I&A - DCS (12 months) 2,080 \$23.8752 Fringe \$49,660 \$17,798 \$67, 458</p>
<p>Unfunded Meals for Consumers Under Age 60 Persons, who are under 60 years of age and disabled struggle to remain in their homes, often are waiting for disability approval and/or are on the Family Care Wait List.</p> <p>Dilemma: Annually, we struggle to provide these meals as we must use a funding source outside of our Federal dollars.</p>	<p>Being able to serve folks under 60, at risk of remaining independent without needing a wait list for this service.</p>	<p>Current Expenditure: Meals 5,532 Rate \$3.2130 Request \$17,774 Total \$17,774</p> <p>Wish List: Additional Meals 1,284 Rate \$3.2130 Request Total \$4,125</p>

<p>Grounded Coffee House-Hospitality Supervisor</p> <p>Challenged with the need to create sustainable strategies for our congregate dining, the ADRC has written a modernization grant in order to develop a coffee house within our building that will provide the opportunity for persons with disabilities to receive real work experience in a safe, welcoming environment. The ADRC will apply principles of social innovation to provide a service the general public will appreciate, while providing support to persons with disabilities and finically supporting our nutrition program.</p> <p>Dilemma:</p> <p>The modernization grant is only \$20,000 that will assist with inventory and startup costs but will not provide enough resources to hire the hospitality supervisor and job coach to get the café off the ground</p>	<p>Part time Hospitality Supervisor and Job Coach for the first year to provide the direct support to persons with disabilities in the Grounded Coffee House</p>	<table> <tr> <td>Hours</td><td>Rate</td><td>Request</td></tr> <tr> <td>Salary 1,040</td><td>\$19.3541</td><td>\$20,128</td></tr> <tr> <td></td><td>Fringe</td><td>\$ 6,223</td></tr> <tr> <td></td><td></td><td>\$26,351</td></tr> <tr> <td colspan="2">TOTAL JOB COACH REQUEST</td><td></td></tr> </table>	Hours	Rate	Request	Salary 1,040	\$19.3541	\$20,128		Fringe	\$ 6,223			\$26,351	TOTAL JOB COACH REQUEST		
Hours	Rate	Request															
Salary 1,040	\$19.3541	\$20,128															
	Fringe	\$ 6,223															
		\$26,351															
TOTAL JOB COACH REQUEST																	

Brown County Health Department



Unfunded or Underfunded Needs

1)	<u>2% Wage and Fringe Increase:</u> <ul style="list-style-type: none"> Retention of all staff Our wages are not comparable to other counties 	<p>\$56,774.78 (See Attachment A)</p>
2)	<u>Travel and Training:</u> <ul style="list-style-type: none"> There are certain training requirements needed for professional staff in order to perform their duties (ex. Lead Training, Tuberculosis Training, Rabies Training). Trainings provide updates on current recommendations and guidelines, code changes, and any other necessary information. Important for staff development and retention of staff. 	<p>\$17,769.00 (See Attachment B)</p>
3)	<u>Additional personnel added to Information Technology Services to assist with work requests:</u> <ul style="list-style-type: none"> State programs are implementing more software applications which require ongoing upgrades (ex. Healthspace, WEDSS, HIV-PS). There is increasing required use of technology in the workplace; non-functional technology creates inability to complete necessary work duties (ex. Field use of notebook computers to generate inspection reports). Inability to service work request on a timely manner due to lack of resources (field staff) for Information Technology 31 out of 139 requests are over 30 work days to complete or 22.3% 69 out of 139 requests are over 10 workdays to complete or 49.6 % (See Attachment C) 	<p>\$88,000.00 (Wage and fringe per August Neverman, Chief Information Officer with IT)</p>

Attachment A

Position	Status	Wage	Tax	Benefit	Short Term Disability	Workers' Comp		Total	2% of wages only
						Comp	Total		
Department 060 - Health									
101010060 Health Director	Promoted	81,414.00	6,188.00	20,849.00		554.00		109,005.00	1628.28
105010060 Environmental/Laboratory Manager	Promoted	66,372.00	5,044.00	10,685.00		451.00		82,552.00	1327.44
103010060 Nurse Manager-Health	Promoted	65,715.00	4,994.00	10,731.00		447.00		81,887.00	1314.3
104010060 Nurse Manager-Health	Promoted	65,715.00	4,994.00	19,720.00		447.00		90,876.00	1314.3
104290060 Public Health Nurse	Promoted	60,001.00	4,560.00	9,907.00		408.00		74,876.00	1200.02
106290060 Public Health Nurse	Promoted	60,001.00	4,560.00	19,402.00		408.00		84,371.00	1200.02
107290060 Public Health Nurse	Promoted	60,001.00	4,560.00	19,667.00		408.00		84,636.00	1200.02
109290060 Public Health Nurse	Promoted	60,001.00	4,560.00	19,561.00		408.00		84,530.00	1200.02
103660060 Public Health Sanitarian II	Promoted	59,967.00	4,558.00	19,406.00		408.00		84,339.00	1199.34
105660060 Public Health Sanitarian II	Promoted	59,722.00	4,539.00	10,787.00		406.00		75,454.00	1194.44
101290060 Public Health Nurse	Promoted	59,419.00	4,516.00	19,233.00		404.00		83,572.00	1188.38
105290060 Public Health Nurse	Promoted	59,419.00	4,516.00	19,244.00		404.00		83,583.00	1188.38
108290060 Public Health Nurse	Promoted	59,419.00	4,516.00	15,192.00		404.00		79,531.00	1188.38
111290060 Public Health Nurse	Promoted	59,419.00	4,516.00	19,242.00		404.00		83,581.00	1188.38
112290060 Public Health Nurse	Promoted	59,419.00	4,516.00	19,266.00		404.00		83,605.00	1188.38
102660060 Public Health Sanitarian II	Promoted	59,385.00	4,513.00	19,242.00		404.00		83,544.00	1187.7
102290060 Public Health Nurse	Promoted	58,832.00	4,472.00	19,314.00		400.00		83,018.00	1176.64
104660060 Public Health Sanitarian II	Promoted	58,798.00	4,468.00	4,573.00		958.00		68,797.00	1175.96
106660060 Public Health Sanitarian II	Promoted	58,798.00	4,468.00	9,828.00		400.00		73,494.00	1175.96
107660060 Public Health Sanitarian II	Promoted	58,798.00	4,468.00	14,263.00		958.00		78,487.00	1175.96
108660060 Public Health Sanitarian II	Promoted	58,798.00	4,321.00	9,746.00		958.00		73,823.00	1175.96
116290060 Public Health Educator	Promoted	53,489.00	4,065.00	18,923.00		364.00		76,841.00	1069.78
101820060 Preparedness Planning Coord	Promoted	47,583.00	3,616.00	9,016.00		324.00		60,539.00	951.66
102820060 Preparedness Planning Coord	Promoted	47,583.00	3,616.00	18,390.00		324.00		69,913.00	951.66
117290060 Public Health Educator	Promoted	47,583.00	3,616.00	9,025.00		324.00		60,548.00	951.66
102010060 Office Manager II	Promoted	47,398.00	3,602.00	18,396.00		322.00		69,718.00	947.96
101550060 Laboratory Technician	Promoted	42,465.00	3,227.00	18,040.00		289.00		64,021.00	849.3
113290060 Public Health Nurse	Promoted	40,251.00	3,060.00	3,728.00		274.00		47,313.00	805.02
110290060 Public Health Nurse	Promoted	39,846.00	3,028.00	12,495.00		649.00		56,018.00	796.92
114290060 Public Health Educator	Promoted	37,920.00	2,882.00	7,831.00		258.00		48,891.00	758.4
101077060 Clerk/Typist III	Promoted	34,188.00	2,598.00	17,583.00		233.00		54,602.00	683.76
102077060 Clerk/Typist III	Promoted	34,188.00	2,598.00	17,427.00		233.00		54,446.00	683.76
101078060 Clerk/Typist III	Promoted	34,188.00	2,598.00	17,650.00		233.00		54,669.00	683.76
115290060 Public Health Educator	Promoted	34,166.00	2,596.00	3,304.00		233.00		40,299.00	683.32
101180060 Health Aide	Promoted	32,842.00	2,496.00	17,481.00		223.00		53,042.00	656.84
104180060 Health Aide-Bilingual	Promoted	32,842.00	2,496.00	17,324.00		223.00		52,885.00	656.84
102180060 Health Aide-Bilingual	Promoted	32,842.00	2,496.00	17,198.00		224.00		52,760.00	656.84
106180060 Health Aide	Promoted	32,515.00	2,471.00	7,866.00		222.00		43,074.00	650.3
105180060 Health Aide - Bilingual	Promoted	31,524.00	2,396.00	7,792.00		214.00		41,926.00	630.48
107180060 Health Aide - Bilingual	Promoted	29,381.00	2,233.00	16,945.00		200.00		48,759.00	587.62
103290060 Public Health Nurse	Promoted	19,475.00	1,480.00	.00		318.00		21,273.00	389.5
103180060 Health Aide	Promoted	13,086.00	994.00	1,372.00		89.00		15,541.00	261.72
999999060 Budgeted Overtime	Promoted	6,000.00	456.00	408.00		41.00		6,905.00	120
900900060 LTE-Co-op/Intern Student	Promoted	2,574.00	196.00	.00		17.00		2,787.00	51.48
Department Totals	Positions 44	\$2,063,342.00	\$156,663.00	\$588,052.00	\$14,408.00	\$16,274.00		\$2,838,739.00	\$41,266.84
Grand Totals	Positions 44	\$2,063,342.00	\$156,663.00	\$588,052.00	\$14,408.00	\$16,274.00		\$2,838,739.00	WAGE

Attachment C

ID	Summary	Date Entered	System Closed Date	Class of Service	Assigned Technician	Weekdays only
36961	HEA - Name change	8/24/2015 10:28		4 Standard	Woolums_GA	
36855	HEA - Evaluation Web users and Flashplayer	8/19/2015 10:51		4 Standard	Gerondale_FD	
36572	HEA - Smartboard Install	8/5/2015 14:54	8/14/2015 14:52	4 Standard	Westrich_FA	8
36547	HEA - New employee Christine Davidson - starts 8-24-15	8/4/2015 14:25		4 Standard	Pedi_AF	
36532	HEA - New employee Christine S. Davidson - Starts 8-24-15	8/4/2015 13:01	8/21/2015 15:06	2 User Access	Philby_KM	14
36420	HEA - Issues with portable printer for Marty Adams.	7/30/2015 9:52	8/17/2015 16:29	4 Standard	Gerondale_FD	13
36409	HEA - Problems with Healthspace not sending correct information.	7/30/2015 8:11	8/14/2015 10:38	4 Standard	Gerondale_FD	12
36389	HEA - Healthspace Install-Nancy Derene	7/29/2015 10:15	8/14/2015 10:34	4 Standard	Gerondale_FD	13
36232	HEA - Healthspace Upgrade	7/23/2015 9:52	8/24/2015 12:32	4 Standard	Carstens_BL	23
36231	HEA - Healthspace Upgrade	7/23/2015 9:51	8/14/2015 10:46	4 Standard	Gerondale_FD	17
36230	HEA - Install Healthspace on Chua Xiong computer	7/23/2015 9:49		4 Standard	Carstens_BL	
36229	HEA - Healthspace Install-Chua Xiong computer	7/23/2015 9:46		4 Standard	Gerondale_FD	
36201	HEA - Logos - revenue collections	7/22/2015 11:15	7/22/2015 12:01	4 Standard	Christens_KA	1
35820	HEA - CR-125 Scanner Software	7/7/2015 8:24	7/13/2015 12:20	4 Standard	Gerondale_FD	5
35782	HEA - Install Healthspace -on Chua Xiong computer	7/6/2015 9:24		4 Standard	Carstens_BL	
35746	HEA - Xerox printer	7/2/2015 9:39	7/22/2015 14:24	4 Standard	Gerondale_FD	15
35745	HEA - Active X Installs-Trick, Cindy	7/2/2015 9:38		4 Standard	Gerondale_FD	
35654	HEA - Install Firefox on Andrea & Becky computers.	6/29/2015 9:13	7/13/2015 12:20	4 Standard	Gerondale_FD	11
35651	HEA - Agent reference software	6/29/2015 8:48		4 Standard	*AppsBacklog	
35558	HEA - Replace Printer in nurses area.	6/23/2015 15:17	7/12/2015 14:30	4 Standard	Raye_KP	14
35427	HEA - Setup phone# 6404 for new employee Kalyn L Berg starting on 6/29/15	6/17/2015 14:16	7/6/2015 14:48	2 User Access	Pedi_AF	14
35404	HEA - Need to have changes on Insight reports	6/17/2015 9:08	6/19/2015 16:27	4 Standard	Borofka_CA	3
35370	HEA - Setup new employee Kalyn L. Berg starting on 6/29/15	6/16/2015 10:58	7/20/2015 10:29	2 User Access	Philby_KM	25
35272	HEA - Forward Jason Aho phone# 6411 to 2287. Jason no longer here.	6/11/2015 7:59	6/15/2015 9:38	2 User Access	Pedi_AF	3
35203	HEA - Healthspace upgrade	6/8/2015 14:38	8/24/2015 12:32	4 Standard	Carstens_BL	56
35201	HEA - Install Scanner on Kathy Janssen computer.	6/8/2015 12:21	6/11/2015 7:23	4 Standard	Gerondale_FD	4
35121	HEA - Setup VPN access on Cathy Laabs laptop.	6/3/2015 10:10	6/4/2015 8:11	4 Standard	Gerondale_FD	2
35113	HEA - Cubicle move	6/2/2015 14:06	6/14/2015 13:47	4 Standard	Raye_KP	9
35104	HEA - MS Silverlight	6/2/2015 11:02	6/4/2015 8:12	4 Standard	Gerondale_FD	3
35094	HEA - Forward Colleen Messner phone	6/1/2015 15:26	6/17/2015 8:13	4 Standard	Pedi_AF	13
35090	HEA - Remove Jason Aho system no longer here. Last day 6/9/15	6/1/2015 14:16	6/22/2015 15:09	2 User Access	Bohn_EM	16
35085	HEA -Possible to download Firefox on Ann & Chua;s Iphone	6/1/2015 12:40	6/2/2015 13:35	4 Standard	Witt_SM	2
34868	HEA - scanner	5/22/2015 11:07	6/4/2015 8:13	4 Standard	Gerondale_FD	10
34866	HEA - Wireless is not working on laptop	5/22/2015 10:34	6/4/2015 8:10	4 Standard	Gerondale_FD	10
34853	Logos Receipt Inquiry	5/21/2015 14:47	5/21/2015 14:53	4 Standard	Regennitter_KL	1
34837	HEA - signature pen and battery level	5/21/2015 8:29	5/26/2015 14:07	4 Standard	Gerondale_FD	4
34809	HEA - Install MindMap on Ann Steinberger's computer	5/20/2015 8:16		4 Standard	*AppsBacklog	
34791	Health - Some users are having problems with the new mobile printers	5/19/2015 9:46	5/20/2015 16:04	4 Standard	Westrich_FA	2
34711	HEA - airwatch iPad	5/14/2015 14:10	5/18/2015 9:11	4 Standard	Witt_SM	3
34668	HEA - Cannot email reports in HealthSpace	5/13/2015 13:00	5/14/2015 11:08	4 Standard	Carstens_BL	2
34609	HEA - Mobile Printers	5/11/2015 12:08	5/18/2015 8:14	4 Standard	Westrich_FA	6
34608	HEA - Adobe Connect	5/11/2015 12:06	5/26/2015 14:08	4 Standard	Gerondale_FD	12
34564	HEA - Mary Simmons leaving 5/29/15	5/8/2015 12:42	6/1/2015 11:28	4 Standard	Pedi_AF	17
34492	HEA - Mary Simmons leaving 5/29/15	5/6/2015 15:01	6/1/2015 16:22	2 User Access	Philby_KM	19
34484	HEA - Issues with her laptop not able to connect to the wireless.	5/6/2015 12:04	5/11/2015 10:04	4 Standard	Witt_SM	4
34466	HEA - Healthspace error - Valerie Bladow	5/5/2015 15:29	5/13/2015 12:52	4 Standard	Gerondale_FD	7
34424	HEA - VPN Mary Simmons	5/4/2015 14:27	5/13/2015 8:44	4 Standard	Gerondale_FD	8
34423	HEA - Cisco Unifications	5/4/2015 14:26	5/5/2015 8:05	4 Standard	Pedi_AF	2
34410	HEA - Shared calendars	5/4/2015 10:50	5/4/2015 17:48	4 Standard	Raye_KP	1
34325	HEA - Need to have VPN installed on Colleen Messner laptop.	4/30/2015 10:32	5/4/2015 14:39	4 Standard	Gerondale_FD	3
34080	HEA - HealthSpace upgrade	4/17/2015 13:31	4/22/2015 13:34	4 Standard	Carstens_BL	4
34040	HEA - software load	4/16/2015 11:01	4/22/2015 8:06	4 Standard	Gerondale_FD	5
33847	HEA - printer on Debbie Armbruster's desk is showing offline and will not print	4/9/2015 14:02	4/10/2015 14:59	4 Standard	Gerondale_FD	2

ID	Summary	Date Entered	System Closed Date	Class of Service	Assigned Technician	Weekdays only
33838	HEA - HealthSpace Notes Upgrade	4/9/2015 12:14	4/22/2015 13:51	4 Standard	Gerondale_FD	10
33831	HEA - Lisa Hodgins ext 6414 has no dial tone - cannot make/take phone calls	4/9/2015 10:02	4/10/2015 8:43	4 Standard	Pedi_AF	2
33816	HEA - Camera in Health office	4/8/2015 12:29	4/10/2015 8:46	4 Standard	Pedi_AF	3
33764	HEA - Setup phone ext 6413 for new employee Gina M Ploessi as Sanitarian starting on 4/6/15	4/6/2015 14:38	4/14/2015 9:22	2 User Access	Pedi_AF	7
33763	HEA - Setup phone ext. 6420 for new employee Zachary P Kroening as Sanitarian starting on 3/30/15	4/6/2015 14:32	4/14/2015 9:28	4 Standard	Pedi_AF	7
33749	HEA - The Teletask machine has no dial tone.	4/6/2015 11:01	4/14/2015 9:29	4 Standard	Pedi_AF	7
33737	HEA - Healthspace	4/3/2015 15:50	4/22/2015 14:50	4 Standard	Carstens_BL	14
33735	HEA - Adobe flash player - upgrade	4/3/2015 14:30	4/8/2015 7:52	4 Standard	Gerondale_FD	4
33680	HEA - needs help plugging cords back in to netgear, phone, and computer	4/1/2015 13:22	4/7/2015 9:12	4 Standard	Gerondale_FD	5
33661	HEA - email delivery failure	3/31/2015 15:03	3/31/2015 15:17	4 Standard	Regennitter_KL	1
33652	HEA - Ann Steinberger - Scanner and Active X	3/31/2015 13:11	4/1/2015 13:11	4 Standard	Gerondale_FD	2
33575	HEA - Configure and Install new Notebook (BC-HEALTH-042) for Mary M Simmons	3/26/2015 17:00	4/8/2015 7:52	4 Standard	Gerondale_FD	10
33574	HEA - Configure and Install new Notebook (BC-HEALTH-039) for Colleen S Messner	3/26/2015 16:56	4/7/2015 9:11	4 Standard	Gerondale_FD	9
33563	HEA - Configure and Install new Notebook (BC-HEALTH-015) for Zachary P Kroening	3/26/2015 16:05	4/17/2015 11:25	4 Standard	Gerondale_FD	17
33552	HEA - Deborah Armbruster Configure and Install new Notebook (BC-HEALTH-019) for r	3/26/2015 13:24	4/2/2015 15:02	4 Standard	Gerondale_FD	6
33547	HEA - Andrea Schultz request to update Internet Explorer for	3/26/2015 11:15	4/1/2015 13:14	4 Standard	Gerondale_FD	5
33527	HEA - Need to have a file restored from backup.	3/25/2015 12:59	3/25/2015 13:00	1 Critical	Philby_KM	1
33478	HEA - Ann Steinberger Move	3/24/2015 9:46	3/31/2015 12:05	4 Standard	Gerondale_FD	6
33425	HEA - Setup new employee Gina M Ploessi as Sanitarian starting on 4/6/15	3/20/2015 15:56	4/10/2015 15:00	2 User Access	Philby_KM	16
33415	HEA - Setup new employee Zachary P Kroening as Sanitarian starting on 3/30/15	3/20/2015 11:57	4/10/2015 15:00	2 User Access	Philby_KM	16
33195	HEA - Media Player Chua Xiong	3/16/2015 8:10	3/23/2015 8:40	4 Standard	Gerondale_FD	6
33096	HEA - cannot scan from BC_HEALTH_003_XEROX_7835	3/11/2015 10:15	3/13/2015 10:22	4 Standard	Gerondale_FD	3
33025	HEA - Marty Adams laptop docking station needs replacement	3/9/2015 10:55	3/23/2015 8:41	4 Standard	Gerondale_FD	11
32938	HEA - Printer	3/5/2015 8:38	3/26/2015 15:35	4 Standard	Gerondale_FD	16
32906	HEA - Adobe Acrobat Pro	3/4/2015 9:17	3/26/2015 15:33	4 Standard	Gerondale_FD	17
32905	HEA - scanner Rocio Quevedo's machine.	3/4/2015 9:04	3/26/2015 15:35	4 Standard	Gerondale_FD	17
32538	HEA - Garage phone	2/19/2015 8:50	2/23/2015 8:27	4 Standard	Pedi_AF	3
32493	HEA - Install Milestone on 4 PCs at Health Dept. See details in Note.	2/17/2015 14:35	2/19/2015 15:57	4 Standard	Borofka_CA	3
32314	HEA - Working with vendor on conference call for problem with refrigerators.	2/11/2015 11:16	2/18/2015 13:54	4 Standard	Gerondale_FD	6
32311	HEA - transfer headset that was Judy Friederichs to Kris Kovacic at ext 6408	2/11/2015 10:56	2/13/2015 10:04	4 Standard	Pedi_AF	3
32304	HEA - Debbie Armbruste Issues with her computer extremely slow & not opening programs.	2/11/2015 10:02	4/2/2015 15:02	1 Critical	Gerondale_FD	37
32084	HEA - Monitor	2/3/2015 14:08	2/18/2015 13:53	4 Standard	Gerondale_FD	12
32083	HEA - Chua Xiong moving into Judy Friederichs office	2/3/2015 14:06	2/22/2015 10:36	4 Standard	Raye_KP	14
32056	HEA - Cisco	2/2/2015 15:59	2/3/2015 10:20	4 Standard	Regennitter_KL	2
32035	HEA - Laptops	2/2/2015 11:32	4/5/2015 16:55	4 Standard	Raye_KP	45
32019	HEA - Set up and train users on Industry Weapon for the new Digital Monitors	2/2/2015 9:30	5/1/2015 15:09	4 Standard	Borofka_CA	65
31986	HEA - Judy Friederichs last day 1/31/15. Change message and options on ext. 6404	1/29/2015 16:22	2/2/2015 11:52	2 User Access	Pedi_AF	3
31924	HEA - vacated positions U Drive	1/28/2015 10:55	2/1/2015 11:34	2 User Access	Raye_KP	3
31902	HEA - Cisco Call directory	1/27/2015 16:10	1/29/2015 7:56	2 User Access	Philby_KM	3
31893	HEA - Judy Friederichs last day 1/31/15. Give files and email to Chua Xiong.	1/27/2015 15:03	2/18/2015 13:51	4 Standard	Philby_KM	17
31813	HEA - discuss VPN access and reporting options	1/23/2015 14:28	2/15/2015 15:21	2 User Access	Raye_KP	16
31662	HEA- Install Active X Bette Depas	1/19/2015 10:28	3/19/2015 8:03	4 Standard	Gerondale_FD	44
31624	HEA- Black streaks up both sides of page when printing	1/16/2015 12:16	2/18/2015 13:54	4 Standard	Gerondale_FD	24
31522	HEA- Cisco screen is different than it was before programs were restored to desktop	1/13/2015 12:13	3/2/2015 14:52	4 Standard	Gerondale_FD	35
31406	HEA- Cisco Call Manager install Rob Gollman's machin	1/8/2015 10:20	3/26/2015 15:32	4 Standard	Gerondale_FD	56
31405	HEA- Cisco Call Manager install Rocio Quevedo's machine.	1/8/2015 9:25	3/26/2015 15:31	4 Standard	Gerondale_FD	56
31377	HEA- Smartboard - generic log in	1/7/2015 13:25		4 Standard	*NetwBacklog	
31283	HEA - Debbie Armbruste Add Teletask to r's machine	1/5/2015 10:54	4/2/2015 15:02	4 Standard	Gerondale_FD	64
31275	HEA- Valerie Bladow can't log into her computer	1/5/2015 8:51	1/23/2015 9:57	1 Critical	Gerondale_FD	15
31233	HEA - Healthspace error message	12/29/2014 15:54	1/2/2015 8:16	4 Standard	Gerondale_FD	5

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<u>ID</u>	<u>Summary</u>	<u>Date Entered</u>	<u>System Closed</u> <u>Date</u>	<u>Class of</u> <u>Service</u>	<u>Assigned</u> <u>Technician</u>	<u>Weekdays</u> <u>only</u>
31221	HEA- Rocio's ext 6409 gets an error message when opening Report Wizard in Insight	12/26/2014 14:43	4/10/2015 15:02	4 Standard	Gerondale_FD	76
31198	HEA - change passcode for Dale Schmit to 0000 - last day was 12/18/14	12/22/2014 16:14	12/23/2014 9:43	4 Standard	Philby_KM	2
31193	HEA- Insight password	12/22/2014 14:24	12/22/2014 15:36	4 Standard	Borofka_CA	1
31192	HEA - Dale Schmit Files and Email	12/22/2014 14:09	1/7/2015 13:15	4 Standard	Regennitter_KL	13
30932	HEA- All immunizations rooms cables unplugged	12/16/2014 8:27	12/16/2014 9:29	4 Standard	Witt_SM	1
30784	HEA - cannot upload scans into WEDDS	12/9/2014 15:16	12/16/2014 11:37	4 Standard	Gerondale_FD	6
30736	HEA- Install 2nd monitor on Patti Smeester's work station	12/8/2014 11:24	2/9/2015 16:21	4 Standard	Raye_KP	46
30661	HEA- Add Kris and Va user profile to notebook in garage. Make sure each one can access Teletask	12/4/2014 10:24	3/11/2015 12:28	4 Standard	Gerondale_FD	70
30477	HEA - Upgrade Harmony PC software	11/24/2014 8:26	12/3/2014 9:48	4 Standard	Borofka_CA	8
30284	HEA - Milestone camera software-Additional PC at front desk	11/13/2014 16:13	4/1/2015 13:16	4 Standard	Gerondale_FD	100
30140	OP-HEA - Andrea Sandberg & Ann Steinberg not able to get into Luther to do HIV PS.	11/5/2014 12:29	11/7/2014 8:29	4 Standard	Gerondale_FD	3
30018	HEA - Need to have a video edit for stop time	10/29/2014 10:29	10/29/2014 14:07	4 Standard	Witt_SM	1
29920	HEA - When she goes into Healthspace is asking for username & she doesn't know username.	10/23/2014 14:21	10/24/2014 9:22	1 Critical	Gerondale_FD	2
29905	HEA - Install Visio on Paula VanEss computer	10/23/2014 7:17	10/24/2014 11:11	4 Standard	Ferry_CE	2
29810	HEA - Anne Morris is getting an error when she tries to attachment document in WEDSS.	10/17/2014 9:44	10/29/2014 12:19	4 Standard	Gerondale_FD	9
29618	HEA - Kathy Janssen is not able to open any PDF's.	10/7/2014 11:42	10/14/2014 8:55	4 Standard	Davis_SA	6
29593	HEA - Need to have Skype installed on Smartboard for Meeting on October 13th.	10/6/2014 16:16	10/9/2014 16:31	3 Fixed Date	Gerondale_FD	4
29416	HEA - Need to have software installed on Chua Xiong computer.	9/30/2014 7:40	10/1/2014 8:11	4 Standard	Ferry_CE	2
29407	HEA - Still having issues with laptop #52 injection room laptop. Not able to save documents.	9/29/2014 14:04	10/14/2014 16:21	4 Standard	Gerondale_FD	12
29405	HEA - Need to have software installed on Chua Xiong computer.	9/29/2014 13:29	10/1/2014 8:11	4 Standard	Gerondale_FD	3
29333	HEA - Label printer	9/25/2014 8:47	9/26/2014 12:14	4 Standard	Ferry_CE	2
29285	HEA - Healthspace on Rocio Quevedo's machine	9/23/2014 15:20	1/2/2015 10:14	4 Standard	Gerondale_FD	74
29277	HEA - Label printer	9/23/2014 10:30	9/26/2014 12:14	4 Standard	Gerondale_FD	4
29217	HEA - Google Earth	9/18/2014 13:20	9/19/2014 13:56	4 Standard	Ferry_CE	2
29213	HEA - Display link driver installs	9/18/2014 11:57	9/19/2014 13:55	4 Standard	Ferry_CE	2
29204	HEA - When they try to use Laptop #52 they are not able to save document.	9/17/2014 13:58	9/23/2014 13:52	4 Standard	Ferry_CE	5
29165	HEA - Cisco Unified Console	9/16/2014 10:20	9/16/2014 13:49	4 Standard	Philby_KM	1
29126	HEA - Mary Simmons is getting Microsoft activation windows coming up.	9/12/2014 15:25	9/16/2014 12:57	4 Standard	Ferry_CE	3
28996	HEA - Insight on Rocio Quevedo machine	9/8/2014 16:40	10/14/2014 16:16	4 Standard	Gerondale_FD	27
28980	HEA - Setup phone# 6437 for new employee Mary M Simmons starting on 9/10/14	9/8/2014 13:34	11/10/2014 16:22	2 User Access	Pedi_AF	46
28977	HEA - Setup new employee Mary M. Simmons starting on 9/10/14	9/8/2014 12:25	9/15/2014 7:19	2 User Access	Philby_KM	6
28976	HEA - Install a fax line in Lab on the Xerox MFP.	9/8/2014 12:20		4 Standard	Pedi_AF	
28904	HEA - Install Visio on Paula VanEss computer	9/4/2014 11:10	10/24/2014 11:11	4 Standard	Gerondale_FD	37
28902	HEA - Install new software on Andrea Sandberg & Chua Xiong computers.	9/4/2014 11:01	2/13/2015 17:06	4 Standard	Workman_LJ	117
28898	HEA - Computers & Phone not working in building but are having power issues.	9/4/2014 8:14	9/4/2014 8:59	1 Critical	Witt_SM	1
28846	HEA - Access to certain websites	9/2/2014 12:28	8/24/2015 10:18	4 Standard	Raye_KP	255
28832	HEA - Eric Tisch not able to get into Cisco for intake calls.	9/2/2014 9:45	9/2/2014 11:25	2 User Access	Philby_KM	1
28829	HEA - Need to add Healthspace to Patti Smeester computer.	9/2/2014 9:35	9/18/2014 7:41	4 Standard	Gerondale_FD	13
28522	HEA- Can't log into Immunization computer	8/19/2014 8:37	8/22/2014 9:04	1 Critical	Gerondale_FD	4
28418	HEA - Healthcare Provider Intake Line	8/13/2014 8:25	2/17/2015 10:29	4 Standard	Pedi_AF	135
28404	HEA - Need to have a file restored from backup.	8/12/2014 12:46	8/12/2014 12:50	1 Critical	Philby_KM	1
28325	Cisco intake line	8/8/2014 8:13	2/16/2015 16:10	4 Standard	Pedi_AF	137
28317	HEA - Teletask dialogic data drive	8/7/2014 14:35	8/18/2014 13:23	4 Standard	Gerondale_FD	8
28021	HEA - Intake calendar	7/28/2014 11:48	8/3/2014 11:18	4 Standard	Raye_KP	5
27977	HEA- Can't get into Smart board	7/24/2014 13:30	7/25/2014 8:06	4 Standard	Gerondale_FD	2
27972	HEA-In outlook in the address book Health is Healthy & doesn't have anyone from dept in address book	7/24/2014 11:40	7/28/2014 10:47	4 Standard	Bohn_EM	3
27949	HEA - Need to have Adobe Pro reinstalled on Cindy Pfeffer computer.	7/23/2014 12:19	7/28/2014 9:49	4 Standard	Ferry_CE	4

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BROWN COUNTY HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6126

Erik Pritzl Executive Director

Memo

To: Human Services Committee

From: Erik Pritzl, Executive Director

Date: August 26, 2015

Re: 2016 Unfunded or Underfunded Human Services Needs

At the June 24th meeting of the Human Services Committee, a motion was made and seconded directing department heads that report to the Human Services Committee the top three unfunded or underfunded needs with an attached dollar amount. Below are the top underfunded or unfunded needs from Human Services that were not able to be included in planning for 2016:

Increased funding for Substance Use Services:

\$1,101,194

This includes services to provide substance use detox and residential services. Currently, hospitals provide some support, but when a person is medically cleared they often leave the facility. This issue has been reviewed by a group of community members and department representatives, who provided an estimate related to a new facility. There is considerable variability in the amount needed to fully fund a facility depending on the size, and reimbursement for services to people eligible for Medical Assistance.

Increased Staff for Child Protective Services:

\$382,278

Add positions to address caseload sizes and staffing to provide improved performance on state and federal performance indicators. The Child Protective Services (CPS) unit has incurred overtime costs over the past two years that are approaching \$60,000 while maintaining high caseloads for staff. The proposal from the Manager and Supervisors estimates a 50% reduction in overtime costs, implementation of safety staffings for children, and reduced costs in out of home care.

Significant efforts have been made in this area to address the need through the support of elected officials and community members including adding additional staff. The department continues to struggle with higher caseloads to address the increase in children and families that



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were brought into the system within the past year.

Child and Adolescent Behavioral Health Unit (CABHU):

\$114,581

Add two case clinician/case management positions to this unit to reduce the waitlist for Children's Long Term Support (CLTS.) As the department expands Comprehensive Community Services (CCS) and Children's Long Term Support (CLTS,) there will be a need for more clinical services under these programs. Essentially, the department could remove children and adolescents from the waitlist for programs, but not have the services internally available as authorized by the programs. This is an estimate of the costs for the positions less any reimbursement received from third parties.

Department staff are continuing to work on the preliminary budget, with efforts being made to fund needs in various areas. I appreciate the committee's interest in these areas, and can provide additional information, if requested, by the committee.